

**EFFECTIVENESS OF VIDEO ASSISTED TEACHING
PROGRAMME ON KNOWLEDGE REGARDING PREVENTION
OF CHILD ABUSE AMONG SCHOOL TEACHERS IN CAPRON
HALL GIRLS HIGER SECONDARY SCHOOL AT
MADURAI DISTRICT.**



**A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING.**

APRIL – 2015

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J.P.SATHIAVARTHINI

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CERTIFICATE

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**SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING FORM THE TAMIL NADU DR.M.G.R
MEDICAL UNIVERSITY, CHENNAI.**

EXAMINERS:

1. _____

2. _____

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ABSTRACT

Background: Child abuse is a global public health problem with serious consequences for the victims and society. Most studies on child maltreatment in India have focused on the role of teachers as perpetrators and the prevalence of abuse within schools. Due to their strategic importance in breaking the cycle of abuse, it is important to document teachers' knowledge towards identifying and reporting suspected cases of child abuse in relation to existing mandatory laws.

The present study entitled "to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among school teachers in Capron hall girls higher secondary school at Madurai (Dist).

The study was conducted with the objectives to assess the pre test and post test level of knowledge scores among school teachers, to determine the effectiveness of video assisted teaching programme and to associate the pre test knowledge scores and their selected demographic variables. The researcher used a quasi experimental research design. The research approach was evaluative approach. The study conducted in Capron hall girls higher secondary school at Madurai district. 60 samples were selected by using Non-probability convenient sampling technique. The data was collected by using structured questionnaires before and after administration of video assisted teaching programme. The study findings of this study shows that, there was a significant improvement of knowledge among school teachers after administration of video assisted teaching programme. The mean and SD of post test knowledge score was (28.55 ± 1.29) and pre test knowledge score was (15.27 ± 3.13) . The paired 't' value (132.59) at LOS (<0.001) shows that there is a statistical difference between pre test and post test level of knowledge score among school teachers. The result supported that, the knowledge of school teachers was improved after administration of video assisted teaching programme and pamphlet regarding prevention of child abuse.

LIST OF CONTENTS

| CHAPTER | CONTENTS | PAGE NO |
|------------|---|----------|
| I | INTRODUCTION | 1 |
| | NEED FOR THE STUDY | 4 |
| | STATEMENT OF THE PROBLEM | 10 |
| | OBJECTIVES OF THE STUDY | 10 |
| | HYPOTHESIS | 10 |
| | OPERATIONAL DEFINITIONS | 10-11 |
| | ASSUMPTIONS | 11-12 |
| | DELIMITATION | 12 |
| | PROJECTED OUTCOME | 12 |
| II | REVIEW OF LITERATURE | |
| | ▪ STUDIES RELATED TO INCIDENCE AND PREVELANCE | 13-17 |
| | ▪ STUDIES RELATED TO KNOWLEDGE REGARDING PREVENTION OF CHILD ABUSE. | 18-23 |
| | • CONCEPTUAL FRAMEWORK | 24-26 |
| III | METHODOLOGY | |
| | RESEARCH APPROACH | 27 |
| | RESEARCH DESIGN | 27 |
| | VARIABLES UNDER THE STUDY | 28 |
| | SETTING OF THE STUDY | 28 |
| | POPULATION | 28 |
| | SAMPLE & SAMPLE SIZE | 28 |
| | SAMPLING TECHNIQUE | 28 |
| | CRITERIA FOR SAMPLE SELECTION | 28 |
| | TOOLS AND SCORING PROCEDURE | 29 |
| | DESCRIPTION OF THE INSTRUMENT | 29-30 |
| | VALIDITY AND RELIABILITY OF THE TOOL | 31 |

| | | |
|-------------|---|--------------|
| | PILOT STUDY | 31 |
| | DATA COLLECTION PROCEDURE | 32 |
| | PLAN FOR DATA ANALYSIS | 32 |
| | ETHICAL CONSIDERATION | 33 |
| IV | DATA ANALYSIS AND INTERPRETATION | 34-47 |
| V | DISCUSSION | 48-51 |
| VI | SUMMARY AND RECOMMENDATIONS | |
| | SUMMARY | 52 |
| | CONCLUSION | 53 |
| | IMPLICATIONS | 54 |
| | RECOMMENDATIONS | 55 |
| | LIMITATIONS | 55 |
| VII | REFERENCES | |
| | BOOK REFERENCE | 56-58 |
| | JOURNAL REFERENCE | 58-67 |
| | NET REFERENCE | 68 |
| VIII | APPENDICES | |

LIST OF TABLES

| TABLE NO | TITLE | PAGE NO |
|---------------------|--|--------------------|
| 1 | Frequency and Percentage Distribution of school teachers according to their demographic data. | 35 |
| 2 | Mean , SD and mean% scores of pre test to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school. | 42 |
| 3 | Mean , SD and mean% scores of post test to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school. | 43 |
| 4 | comparison of pre&post test score to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school. | 44 |
| 5 | paired “t”-test values to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school. | 45 |
| 6 | Association of pre test knowledge scores of school teachers with their selected demographic variables. | 46 |

LIST OF FIGURES

| FIGURE | TITLE | PAGE NO |
|---------------|--|--------------------|
| 1 | Conceptual frame work based on modified pendens health promotion model. | 26 |
| 2 | Percentage Distribution of school teachers according to their age. | 37 |
| 3 | Percentage Distribution of school teachers according to their educational qualification. | 38 |
| 4 | Percentage Distribution of school teachers according to their year of experience. | 39 |
| 5 | Percentage Distribution Of school teachers according to their previous knowledge. | 40 |
| 6 | Percentage Distribution of school teachers according to the type of family. | 41 |
| 7 | Comparison of pre test and post test knowledge scores | 44 |

LIST OF APPENDICES

| APPENDIX. NO | TITLE |
|--------------|--|
| I | PERMISSION LETTER |
| II | CONTENT VALIDITY |
| III | CERTIFICATE OF CONTENT VALIDITY |
| IV | LIST OF EXPERTIES |
| V | CERTIFICATE FOR ENGLISH EDITING |
| VI | CERFICATE FOR TAMIL EDITING |
| VII | ENGLISH TOOLS |
| VIII | TAMIL TOOLS |
| IX | ENGLISH CONTENT FOR VIDEO ASSISTED TEACHING PROGRAMME |
| X | TAMIL CONTENT FOR VIDEO ASSISTED TEACHING PROGRAMME |

CHAPTER – I

INTRODUCTION

CHAPTER-I

INTRODUCTION

"It shouldn't hurt to be a child"

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity.

W.H.O

Child abuse include physical assault, physical neglect, emotional abuse, and sexual assault that involves physical contact. Child abuse has far-reaching negative effects on its victims and on society. Survivors of child maltreatment are at greater risk for physical, emotional, work, and relationship problems throughout childhood and into adulthood.

Neilson (2014)

All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival development or dignity in the context of a relationship of responsibility, trust or power“.

Johnson-Reid, Kohl, & Brett,(2012)

potential harm and —...rests on actual harm being done to children...Flowing from above, child maltreatment or abuse can be categorized into physical abuse; emotional abuse; sexual abuse and neglect.

Richter & Dawes, (2008)

One of the major problems in understanding the scope of the subject of 'child abuse' is that it is extremely difficult to get responses from children on such a sensitive subject because of their inability to fully understand the different dimensions of child abuse and to talk about their experiences. It is therefore difficult to gather data on abused children. Within countries, much less from country to country or region to region. Yet governments do estimate that the number of abused and neglected children is alarming, and unless governments get their act together and respond to the situation by way of both prevention and treatment, we will be doing a grave injustice to our children and would be denying them their basic rights.

Every year, thousands of families welcome a new baby into their home. The upcoming years are spent watching Disney movies, going to parks and petting zoos, buying ice cream from the truck, and finger painting with their family. Almost all those children brought into the world get to experience what it is to have a loving family, but for a small percentage, life is not so rosy. They are forced to deal with things that most of us would never imagine in our worst nightmares.

According to WHO (2010)). It is estimated that 25-50% of children have suffered some forms of physical abuse and annually, there are 31, 000 homicides recorded among children under 15 years .

There are also widespread disparities in available estimates due to variations in operational definitions employed in studies on child abuse the quality of official statistics (WHO, 2010); different national reporting requirements and whether sample population consisted of potential perpetrators or victims of abuse .

These findings and assertions are in tandem with the recent South African Police Service's crime statistics report for **2011/2012** which showed that between **April 2011 and March 2012**, **1 in 10** cases of reported serious contact crimes committed in South Africa were perpetrated against a child(SAPS,2012). According to the report, serious contact crimes include murder, attempted murder, sexual offences, assault with grievous bodily harm, common assault, aggravated robbery and common robbery. The same report showed that **1 in 20** of all reported **murder** as well as attempted murder cases were children .

Rape 227,080 children are sexually abused each year. **Assaults 811,000** children are physically abused each year. **Hatred. 97,320** children are emotionally abused each year. **Neglect 2,011,280** children are neglected each year. **Murder 60,500** children die of child abuse each and every year. Child abuse is a state of emotional, physical, economic and sexual maltreatment meted out to a person below the age of eighteen and is a globally prevalent phenomenon.

Jewkes et al., (2009). In South Africa, according to a recent report by the South African Medical Research Council , child abuse is still a pervasive problem despite the protection offered by various legislative instruments enacted since the advent of popular democracy .

Andersson & Ho-Foster,(2008) In the survey, male child sexual abuse was very common especially in rural areas with 44% of all the male children respondents reporting that they have been coerced into having sex.

Although parents have been raising children for thousands of years, it wasn't until the early seventies that child abuse was considered a crime in **America, and in 2007** it remains the least recognized and least reported crime.

NEED FOR THE STUDY:

Globally, child abuse and its consequences remain a major public health problem. Psychologists conducted a study in the **United States in 2010** which examined over 200 regular church attendees from eleven different denominations of Christianity, most of whom were educated, upper-middle class White Americans, found that extrinsic religious orientation was associated with a greater risk of physical child abuse.

A **2010** article in the BBC reports that thousands of African children have been abandoned, tortured and murdered because they are believed to be witches.

According to WHO, 2010, Despite the limitations associated with accurately determining the burden of child abuse, the United Nations Secretary General report on child abuse estimated that about 150 million girls and another 73 million boys less than 18 years were sexually assaulted worldwide (**Pinheiro, 2006**). Estimates from high-income countries showed that 4-16% and about 10% of children have been physically abused and subjected to psychological maltreatment respectively

In 2009 CBS News states that Unemployment and financial difficulties are associated with increased rates of child abuse. reported that child abuse in the United States had increased during the economic recession. It gave the example of a father who had never been the primary care-taker of the children. Now that the father was in that role, the children began to come in with injuries.

According to major countries, U.S. Department of Homeland Security (2013) 9 Fresno area men among more than 250 child predators arrested during Operation of Guardian Investigators note ‘disturbing’ trends involving online

enticement . Nine Fresno -area residents are among the 255 child predators arrested during a Five week operation conducted by U.S. Immigration and Customs Enforcement's (ICE) Homeland Security Investigations (HSI) and Internet Crimes Against Children (ICAC) task forces across the **United States** and its territories Operation iGuardian, which ran May 28 to June 30, was a surge operation conducted as part of HSI's Operation Predator to identify and rescue victims of online sexual exploitation and to arrest their abusers as well as others who own, trade and produce images of child pornography.

In surveying public school students in Grades 6, 9 and 12 in the **United States**. A further study in the United States found that 28% of physically abused adolescents used drugs compared to 14% of non-abused adolescents Compared to 22% of the non-abused group, 36% of physically abused adolescents also had high levels of alcohol use.

Recent study by the Centers for Disease Control (CDC) estimated the total lifetime economic burden resulting from child maltreatment in the **United States** to be as large as \$585 billion (**Fang, Brown, Florence, & Mercy, 2012**).

A study conducted by members from several **Baltic and Eastern European** countries, together with specialists from the **United States**, examined the causes of child abuse in the countries of **Latvia, Lithuania, Macedonia and Moldova**. In these countries, respectively, 33%, 42%, 18% and 43% of children reported at least one type of child abuse. According to their findings, there was a series of correlations between the potential risk factors of parental employment status, **alcohol abuse**, and family size within the abuse ratings. In three of the four countries, parental substance abuse was considerably correlated with the presence of child abuse, and although it

was a lower percentage, still showed a relationship in the fourth country (Moldova). Each country also showed a connection between the father not working outside of the home and either emotional or physical child abuse.

This study was conducted by reviewing medical literature, published between January 1987 and **May 2005**. In addition, reports were obtained from regional meetings and professional organizations. Each study or report was reviewed, assessed, and summarized. The result of this study was three studies from **Kuwait** identified 27 children; 22 with physical abuse, 3 with sexual abuse, and 2 with Munchausen's syndrome by proxy (MSP), and 3 deaths. Eleven case reports from **Saudi Arabia** identified 40 abused children; 24 with physical abuse, 6 with sexual abuse, 4 with MSP, and 6 with neglect. Fatal outcome was documented in 5 children. In **Oman**, 5 cases of MSP were reported. A total of 150 hospital-based cases were reported from **Bahrain**; 50 with physical abuse, 87 with sexual abuse, and 10 with both forms of abuse. In **Yemen**, population based surveys revealed a wide spread use of corporal punishments and cruelty to children at homes, schools, and juvenile centers, which ranged from 51-81%.

In Asia child abuse reports are certain child abuse and neglect issues are common in almost all countries at the global level such as physical abuse, sexual abuse, emotional and psychological abuse, abandonment and, increasingly, problems of street children, there are also many issues which are prevalent only in certain regions of the world. For instance, in Asia where population density is high, the issues of child labour and child sexual exploitation are also high. Prevention of child abuse and neglect is still an uncharted field in Asia. The largest population of children in the world live in South Asia and majority of these children lack access to proper health

care, nutrition and education. This reflects the socio-economic reality of the developing countries of the Asian region. The main factors that contribute to the magnitude of the problem of child abuse are poverty, illiteracy, caste system and landlessness, lack of economic opportunities, rural-urban migration, population growth, political instability and weak implementation of legal provisions.

In India, Bengaluru saw a number of cases of child sexual abuse in **2014** and people were out on streets protesting against the rise in crime against children. Out of 289 cases registered under Protection of Children Against Sexual Offenses Act (POCSO) in the last two years.

In India Harmful traditional practices like child marriage, caste system, discrimination against the girl child, childlabour and Devadasi tradition impact negatively on children and increase their vulnerability to abuse and neglect. Lack of adequate nutrition, poor access to medical and educational facilities, migration from rural to urban areas leading to rise in urban poverty, children on the streets and child beggars, all result in breakdown of families. These increase the vulnerabilities of children and exposes them to situations of abuse and exploitation.

In India 33,098 cases of crimes against children were reported **during 2011** as compared to 26,694 cases **during 2010**, suggesting a recent increase of 24.0 percent. Reports show that 53.22% of the abused children reported having faced one or more forms of sexual abuse.

According to the report **published in 2005** on 'Trafficking in Women and Children **in India**', 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and

destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution.

The population of children aged 0-6 years is 16.4 crores as per the **2007** Census. According to a UNESCO report, however, of the total child population, 2.07 crores (6%) are infants below one year; 4.17 crores (12%) are toddlers in the age group 1-2 years; 7.73 crores (22.2%) are pre-schoolers in the age group 3-5 years. The report highlights that only 29% of pre-primary age children are enrolled in educational institutions in India.

India has the world's largest number of sexually abused children, with a child below 16 years raped every 155th minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time. The National Crime Records Bureau (NCRB) reported 14,975 cases of various crimes against children in **2005**.

Services under the ICDS scheme covered only 3.41 crore children in the age group 0-6 years as in **March 2004**, which is around 22% of the total children in that age group. Supplementary nutrition too was being provided to 3.4 crore children, as against 16 crore children. Of these, 53% were reported to be under-nourished.

Child abuse in India, according to the NCPCR (National Commission for Protection of Child Rights) report, increased to 763 for **2009-10** from 35 in **2007-08**. Child abuse complaints included incidents of rape, trafficking, humiliation, physical and mental torture. As per the NCPCR report, in India, the maximum numbers of child abuse complaints were received from Uttar Pradesh, which stood at 179. Delhi, Orissa, Bihar and Madhya Pradesh and West Bengal followed Uttar

Pradesh from where 127,58,46,42 and 39 cases were received respectively. Northeastern states of India, Sikkim, Meghalaya, and Tripura reported no child abuse complaints.

One of the major problem in our country is child abuse and women abuse. The most of the time children handling by teachers than parents. So both of them can be a safeguarding their children. Therefore, the researcher felt this topic is so important and evident topic for today's society and had interest to evaluate the knowledge of teachers in the selected school and give information Pamphlet to them so that they are benefitted. As today's children are the future of our country so safeguarding the children is safeguarding the nation.

STATEMENT OF THE PROBLEM:

A quasi experimental study to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among school teachers in selected school at Madurai.

OBJECTIVES OF STUDY:

1. To evaluate the pre test and post test level of knowledge regarding prevention of child abuse.
2. To evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse.
3. To associate the pre test level of knowledge regarding prevention of child abuse among school teachers with their selected demographic variables.

RESEARCH HYPOTHESIS:

H1- The mean post test score on knowledge regarding prevention of child abuse is significantly higher than the mean pre test score among school teachers working at Capron hall school.

H2- There will be a significant relationship between pre test child abuse score with their selected demographic variables among school teachers working at Capron hall school.

OPERATIONAL DEFINITIONS:

Effectiveness:

It means producing the intended result.

In this study effectiveness refers to what extent the video assisted teaching programme can improve the knowledge of teachers in post test score.

Knowledge:

Refers to the awareness and understanding of the topic selected. In this study regarding prevention of child abuse.

Evaluate:

Refer to the organized systematic process of collecting information. In this, it is knowledge from teachers regarding prevention of child abuse.

Video assisted teaching programme:

It refers to the systematically developed teaching module designed for health education. In this, it is knowledge from teachers regarding prevention of child abuse.

Teachers:

Refers to a teacher in relation to a child or children to whom she has handling and brings up with care and affection “the art of mothering”, in the present study the

teacher who has handling child or children are taken for the study within the age group of 26 to 58years.(primary,secondary & higher secondary).

Child abuse:

It refers to the physical,sexual,or emotional mistreatment or neglect of a child or children.

ASSUMPTIONS:

- Abused children will have difficulty in grow normally than non-abused children.
- Child abused children may have frustration when abused by someone.
- Use of video teaching programme helps to increase the knowledge of teachers.
- Video teaching programme helps to establish the trusting relationship between teachers and students.
- Communicating with children effectively is essential for prevention of child abuse in future.
- Use of video teaching programme helps to improve the awareness of teachers.

DELIMITATIONS:

The study will be delimited to

1. The teachers who are working in the selected school at Madurai.
2. The teachers who are present during the time of data collections.
3. The teachers with the age group of 26-58 years only.

PROJECTED OUTCOME:

- The finding of the study would help to identify and increase the knowledge among school teachers.
- The provision of video assisted teaching programme will motivate the school teachers and help them to improve the knowledge level.

CHAPTER - II

REVIEW OF LITERATURE

CHAPTER-II

REVIEW OF LITERATURE

According to **polit and hungler (1999)** a review of related literature is an essential aspect of scientific research. It broadens the understanding of the researcher and helps to gain an insight necessary for the development of a broad conceptual context into which the problem fits.

This chapter consist of,

- a. Studies related to incidents and prevelance of child abuse
- b. Studies related to knowledge on prevention of child abuse.

STUDIES RELATED TO INCIDENTS AND PREVELANCE OF CHILD ABUSE:

NicholsJ,Embleton,et.al;(2014) Conducted a quantitative study to determine whether orphans are more likely to experience physical and/or sexual abuse compared to non-orphans at sub-Saharan Africa (SSA) The studies consisted of a total 17,336 participants (51% female and 58% non-orphans). Of those classified as orphans (n=7,315), 73% were single orphans, and 27% were double orphans. The majority of single orphans were paternal orphans (74%). Quality assessment revealed significant variability in the quality of the studies, although most scored higher for general design than dimensions specific to the domain of orphans and abuse. Combined estimates of data suggested that, compared to non-orphans, orphans are not more likely to experience physical abuse (combined OR=0.96, 95% CI [0.79, 1.16]) or sexual abuse (combined OR=1.25, 95% CI [0.88, 1.78]). These data suggest that orphans are not systematically at higher risk of experiencing physical or sexual abuse compared to non-orphans in sub-Saharan Africa. However, because of inconsistent

quality of data and reporting, these findings should be interpreted with caution. Several recommendations are made for improving data quality and reporting consistency on this important issue.

Teicher MH, Samson JA;(2013): Conducted a study on Childhood maltreatment increases risk for psychopathology. For some highly prevalent disorders. Neurobiological findings in maltreated individuals were reviewed and compared with findings reported for these **disorders**. Maltreated individuals with major depression, anxiety, and substance use and post traumatic stress disorders have an earlier age at onset, greater symptom severity, more comorbidity, a greater risk for suicide, and poorer treatment response than nonmaltreated individuals with the same diagnoses.. Maltreated individuals also differ from others as a result of epigenetic modifications and genetic polymorphisms that interact with experience to increase risk for psychopathology. Phenotypic expression of psychopathology may be strongly influenced by exposure to maltreatment, leading to a constellation of ecophenotypes. While these ecophenotypes fit within conventional diagnostic boundaries, they likely represent distinct subtypes.

Loopes NR, Williams LC, et, al;(2013): Conducted a pediatric abusive head trauma as a form of physical abuse against infants and young children at Brazil, highlighting the prevalence, signs and symptoms, consequences, risk factors for its occurrence, and prevention. It occurs mainly in infants and children under 1 year of age and may result in severe consequences, from physical or mental disabilities to death. Although there are specific signs for this form of abuse, they can be mistaken for common illnesses in children or accidental head injury; thus, clinical training of

professionals involved in the assessment of cases to attain the correct diagnosis is crucial. It is suggested that its incidence indicators be assessed at the national level.

Valtolina GG,Colombo C;(2012): Conducted a quantitative research,on "children left behind" refers to minors who are left in their home country while one or both of their parents emigrate for work for at least six months. The emotional neglect felt by these children is associated with lack of affection and physical intimacy. Through a review of the literature, the purpose of this paper was to show that distress in this pattern of deprivation is manifested by the children in several ways and in different contexts: low school performance, drop-out from school, conflicts with teachers and peers, anxiety low self-esteem, tendency to feel depressed, apathy, suicidal behaviour, and substance abuse.

Mathews et al.,(2012): conducted a recent crime statistics released by the South African Police Service showed that children are increasingly being targeted by abusers and common criminals alike. The crime statistics report for **2011/2012** showed that 25 862 children (representing 40.1% of sexual offences) were victims of sexual offences . During the same period, more than 23, 000 children were assaulted with almost half of them suffering grievous bodily harm in the process. The results depicts Twenty of 365 studies (5.5%) yielded fractures involving the spine, hands, or feet. Of all positive skeletal surveys, 8.9% (20/225) had fractures involving the spine, hands, or feet. Of all patients with more than one fracture on skeletal survey, 20.4% (20/98) had fractures involving these regions. The conclusion was the benefits of eliminating views of these regions from the initial skeletal survey should be carefully weighed against the cost of missing these potentially important injuries in at-risk pediatric populations.

Shenk, & Putnam, (2009): Concluded in their Meta-analyses of 21 studies of child sexual abuse reported that this form of abuse more than doubled the risk of adolescent pregnancy (i.e., prior to age 20 years). Further to this, a study by Fergusson and colleagues (2010) found that young women (18 years of age) exposed to child sexual abuse had significantly **higher rates** of teenage pregnancy, increased rates of sexually transmitted diseases, and higher rates of multiple sexual partnerships and appeared to be more vulnerable to further sexual assault and rape

Tourigny M, Hebert M, (2008): conducted a study to determine the prevalence and co-occurrence of various forms of violence (physical, sexual and psychological) and explore gender and age difference the incidence of different forms of child maltreatment at Australia and Quebec (Canada) revealed that rates at were similar. A telephone inquiry was conducted with a representative sample of 1,002 adults from the province of Quebec. More than one in three adults (37%) reported having experienced at least one of three forms of violence in childhood. Twelve per cent (12%) of the adults experienced two forms of violence while 4% of the respondents reported having experienced all three forms of violence in childhood. Psychological violence (22%) was the form most frequently reported, followed by physical violence (19%) and sexual violence (16%). These results, including both the global rates and those particular to each gender, are comparable to findings in similar North American studies. The co-occurrence rates noted are salient enough to necessitate particular attention to diverse clinical clientele and need to be considered in future research exploring the risk factors of violence and its subsequent repercussions.

Harkness & Lumley, (2008) Concluded in their seven large-scale studies, all studies showed a high association between child maltreatment and depression in adolescence . For example, the authors cited a longitudinal study by Brown and colleagues which found that children and adolescents who reported a history of abuse or neglect were three times more likely to exhibit a depressive disorder than non-maltreated children. Similarly, in a Victorian study of characteristics of children referred to a therapeutic health service for children who had been abused or neglected (the Take Two Program), 62% of children met the criteria for at least one mental health diagnosis .

Ministry of Women and Child Development (2007) conducted a study related to physical abuse and sexual abuse, involving 12,447 children, reported that 69% were physically abused and 53% were subjected to one or more forms of sexual abuse.

Bhat DP, Singh M et,al; (2006) Conducted a cross sectional study to evaluate the prevalence of physical and sexual abuse, and their relation to mental health problems among the illiterate, /semiliterate runaway adolescents at New Delhi, India. A total of 72 (62%) boys experienced domestic violence 70(59%) had engaged substance abuse and 103 (87%) boys had been employed as child laborers. Physical abuse was reported by 86 (72%) and sexual abuse by 42 (35%). Mental health problems were recognized in 83 (70%) boys, which included internalizing syndromes (59%) and externalizing syndromes (34%).

STUDIES RELATED TO KNOWLEDGE ON PREVENTION OF CHILD ABUSE.

Cristofel et, al;(2014) conducted a study on recognition and reporting practices of child abuse by South African teachers provides a strong motivation for an exploratory study aimed at examining primary school teachers' at South Africa. For Reporting process and the provision of training which improves professionals'. Such training should also address underlying negative attitudes and beliefs which hinder reporting. The above findings and assertions have implications for child abuse detection and reporting in South African schools. The unacceptably high burden of child abuse in South Africa coupled with the dearth of literature on knowledge of manifestations of child maltreatment.suggestions on improving child abuse detection and reporting in South African school teachers.

Manuela WA,Corien Ruiter,et,al;(2013): conducted a study on a pivotal role in the detection and reporting of child abuse among Public child healthcare doctors and nurses, and primary school teachers.Group interviews were held among 16 primary school teachers and 17 public health nurses and physicians. The interviews were audio recorded, transcribed, and thematically analyzed according to factors of the Integrated Change model, such as knowledge, attitude, self-efficacy, skills, social influences and barriers influencing detection and reporting of child abuse .Findings showed that although both groups of professionals are aware of child abuse signs and risks, they are also lacking specific knowledge.The results suggest that frontline workers are in need of supportive tools in the child abuse detection and reporting process. On the basis of our findings, directions for improvement of child abuse detection and reporting are discussed.

Benjamine Olamide (2012): Conducted a study on assess the teachers' knowledge and attitudes towards identifying and reporting suspected cases of child abuse. observational, descriptive, cross sectional, quantitative methods were used. A self-administered questionnaire was completed by 237 teachers selected by multi-stage stratified proportional random sampling from a total of 2496 primary school teachers.. The level of significance was set as 95%. The study results showing that teachers were generally knowledgeable about possible indicators of child abuse. There were critical gaps in participants' knowledge of reporting procedures and most of the teachers (70.2%) have had no training on child abuse detection and reporting. Previous training on child abuse was associated with an increased likelihood to have detected abuse in the past (OR 4.86, 95%CI 2.64-8.96, $p < 0.01$). while most teachers agreed that all forms of child maltreatment should be reported, they still displayed differential reporting of suspected cases. The decision to report was often influenced by their perceived seriousness of the on-going abuse while uncertainty about on-going abuse was one of the most important barriers to lodging a report of suspected cases.

Ben Mathews et,al;(2012) conducted a study on knowledge of reporting legislation and policy attitudes; and reporting practices regarding child sexual abuse among school teachers at Australia. A sample of 470 teachers within randomly selected rural and urban schools was surveyed, using both retrospective and prospective approaches. Teachers who have actually reported CSA in the past are more likely have lower levels of policy knowledge, and hold more negative attitudes towards reporting CSA .Teachers indicating intention to report hypothetical scenarios are more likely to hold reasonable grounds for suspecting CSA, to recognise that significant harm has been caused to the child, to know that their school policy

requires a report, and to be able to override their concerns about the consequences of their reporting.

Bridgstock (2010) conducted a cross sectional study has a two-part process in which teachers must first detect...and then report..." these cases. They hypothesized that the detection phase is subject to knowledge of the signs and symptoms of child abuse and neglect while the reporting phase is influenced by the teachers' awareness of the laws, policies and procedures for reporting; their attitudes and their beliefs about the likelihood that the outcome of reporting will benefit the child; and whether the school set up facilitates or hinders reporting. The results of this study the teachers had lack of knowledge before training. after that the teachers knowledge was improved to detect the child abuse earlier.

Gilbert et al., (2009). conducted a quantitative study conducted to evaluate the level of knowledge with administering the structured questionnaire in selectected school to recognize, report and respond to suspected cases of child abuse . The country has ratified international conventions on the rights of children such as the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child which were ratified in 1995 and 2000 respectively. Laws like the Children's Act (2005); Children's Amendment Bill (2006); Prevention of Family Violence Act (1993); and the Schools Act (1996) have been enacted to safeguard the rights of children (September, 2006; Specifically, the Children's Act (2005) in section 110(1) states that a teacher - or any other designated person. Reasonable grounds for suspicion of child abuse include direct disclosure of abuse by a child, relative or neighbour or observations of

behaviour that suggest child abuse . Thus, professionals do not have to prove the occurrence of abuse, they are only required to report their suspicion to designated personnel who will then investigate and determine if maltreatment has actually occurred.

Keervann Walsh (2008) conducted a qualitative study to identify and evaluate their child abuse and neglect knowledge among school teachers at New York. Selected a eight purposively selected early childhood teachers. Findings reveal that, in the absence of preservice and inservice education specifically about child abuse and neglect, early childhood teachers held and deployed knowledge in resourceful ways. They used, as a basis, their existing early childhood knowledge and adapted this knowledge by augmenting it with a range of personal and professional knowledge resources to fit their particular challenges and situations. This approach, however competent and innovative, also reveals shortfalls in knowledge. Implications of this research are drawn for child abuse and neglect curriculum development in initial and continuing teacher education including the case for specialist knowledge needed to establish teachers' professional reputation for dealing capably with cases of child abuse and neglect.

Haj-Yahia & Attar-Schwartz, (2008) conducted a study using an observational, descriptive cross sectional quantitative study design. Using a self-administered questionnaire, this study sought to describe the recognition capabilities; attitudes and reporting practices of the teachers with respect to suspected cases of child abuse

Juliette D.G.Goldman(2007) conducted a study on knowledge and understandings of child sexual abuse and its mandatory reporting among school

teachers at Queensland, Australia. This study examines a cohort of 81 Primary School teachers, by regarding child sexual abuse questionnaire. Using quantitative and qualitative data, the results show that while these teachers have a substantial awareness of the role's importance, without gender or age differences, they are suffering a crucial lack of confidence in their ability to identify child sexual abuse, and also in their ability to respond appropriately to suspicions of it., this study accords with a variety of imperatives in national and international government-sponsored research, policy and practices which are focussing on this timely, ubiquitous and costly issue, but teacher preparation to respond more effectively to child sexual abuse and its mandatory reporting.

Prinsloo et,al; (2006) conducted a study related to the body of knowledge by examining primary school teachers' knowledge of manifestations of child abuse and neglect as well as document their attitudes and reporting practices at Australia. Given the paucity of literature on the recognition and reporting practices of child abuse by South African teachers.

Maureen C. Kenny(2004) conducted a study to determine teachers' self-reported knowledge of the signs and symptoms of child maltreatment, reporting procedures, legal issues surrounding child abuse and their attitudes toward corporal punishment at southeast region of the U.S .Two hundred teachers, were selected and administered the ECAQ(Educators and Child Abuse Questionnaire) which contains questions on knowledge concerning: (1) signs and symptoms of child abuse, (2) laws, and (3) procedures for reporting child abuse as well as number of reports filed. Most teachers reported being unaware of the signs and symptoms of child maltreatment, as well as reporting procedures. They also felt administration would not be supportive

and were in disagreement with their legal role as mandated reporters. The ECAQ was found to be a reliable measure with four factors: (1) Awareness of signs and symptoms of child abuse, (2) Knowledge of reporting procedures, (3) Attitudes toward discipline, and (4) Seriousness of child abuse.

CONCEPTUAL FRAME WORK

Polit and Hungler (1995) state that “the conceptual framework is inter-related concepts or abstractions that are assembled together in some rationale scheme by virtue relevance to a common thing”. This is the device that helps to stimulate research knowledge.

The conceptual framework adopted for the present study was based on Pender’s Health Promotion Model. Health promoting behavior is desired outcome when providing client care and education. Health promoting behavior may be an action directed towards attaining positive health outcomes such as optimal well being, personal fulfillment and productive living. Pender identifies the following factors as having a potential influence on health promoting behavior. It includes

INDIVIDUAL CHARACTERISTICS :

PRIOR RELATED BEHAVIOR:

Prior related behavior is a health promoting behaviors should result in enhanced functional ability and better quality of life at all stages of development. In this study the researcher focuses that to check the previous knowledge regarding prevention of child abuse.

DEMOGRAPHIC VARIABLES:

It includes biological, and socio-cultural factors that directly and indirectly influence health promoting model. In this study the researcher selected a demographic variables such as biological factors include age and sex and socio-cultural factor such as previous knowledge, year of experience, educational status and type of family.

BEHAVIORAL SPECIFIC COGNITION AND EFFECT:

PERCEIVED BENEFITS OF ACTION:

Anticipated positive outcomes that will occur from health behaviour. In this study the researcher focuses on the expected positive outcomes of proposed health promoting knowledge, that is create awareness regarding prevention of child abuse.

PERCEIVED BARRIERS TO ACTION:

Anticipated, imagined or real blocks and personal costs of understanding a given behavior. In this study the researcher focuses on person believes and lack of motivation.

PERCEIVED SELF EFFICIENCY:

Judgment of personal capability to organise and execute a health-promoting behaviour. In this study the researcher focuses that, promoting the teachers self efficiency to identify the cases of child abuse and related problems after administration of video assisted teaching programme.

INTERPERSONAL INFLUENCES:

It refers to cognition concerning behaviours, beliefs, or attitudes of the others around us affect motivation for positive change. In this study the researcher administered video assisted teaching programme and pamphlets regarding prevention of child abuse. It helps to improve the school environment to be a safer place for the children.

HEALTH PROMOTING OUTCOME:**HEALTH PROMOTING BEHAVIOR:**

Endpoint or action outcome directed toward attaining positive health outcome such as optimal well-being, personal fulfillment, and productive living. In this study the researcher focuses to promote and acquiring knowledge on prevention of child abuse among school teachers.

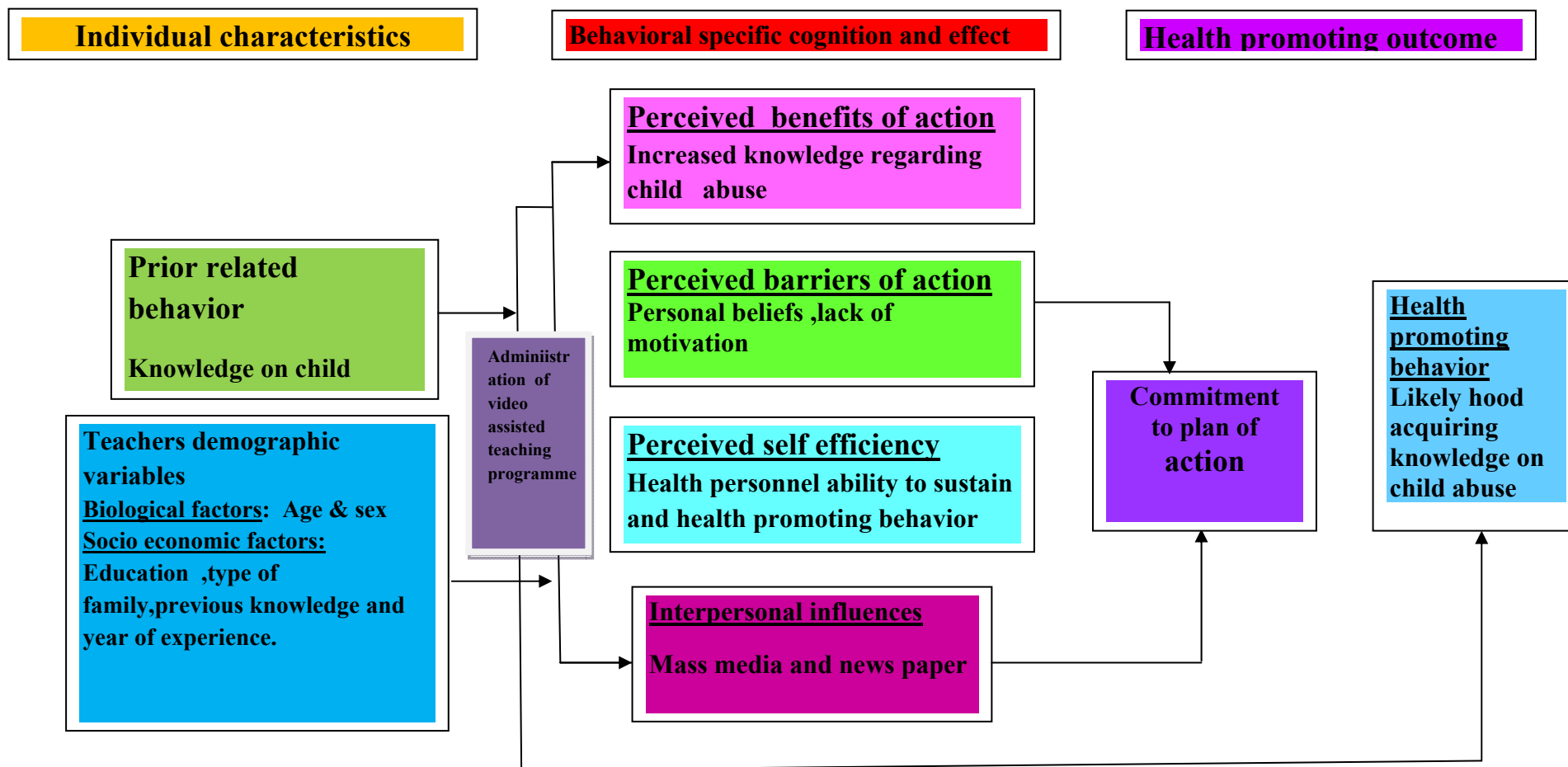


Fig.1.CONCEPTUAL FRAMEWORK BASED ON MODIFIED PENDERS HEALTH PROMOTION MODEL(1996)

CHAPTER –III

RESEARCH

METHODOLOGY

CHAPTER-III

METHODOLOGY

Research methodology is the systematic way to solve the research problem (Kothari 1990). It consists of all general and specific activities from identification of the problem to final interpretation and conclusion. This chapter deals with the research approach, research design, population, the setting, sample and sampling technique. It further deals with development of tool, procedure for data collection and plan for data analysis.

RESEARCH APPROACH:

A evaluative approach is used for this study .

RESEARCH DESIGN:

Research design selected for the present study was one group pretest and post test design.

| | | |
|-----------|----------|-----------|
| O1 | X | O2 |
|-----------|----------|-----------|

O1-----Pre test

X-----Video Assisted Teaching Programme regarding prevention of child abuse.

O2-----Post test

VARIABLE UNDER STUDY:

Dependent Variable: Knowledge of teachers regarding prevention of child abuse.

Independent Variable: video assisted teaching programme regarding prevention of child abuse.

SETTING:

The study was conducted at Capron hall school at Madurai, Tamilnadu.

POPULATION:

The target population for this study was primary, secondary and higher secondary school teachers.

SAMPLE & SAMPLE SIZE:

The sample consists of primary, secondary and higher secondary school teachers working in Capron hall school in Madurai and sample size was 60.

SAMPLING TECHNIQUE:

Non-Probability convenient sampling technique was used to select the subject for the study.

CRITERIA FOR SAMPLE SELECTION:

The sample is selected based on the following inclusion & exclusion criteria.

Inclusion Criteria:

- Teachers who are speak and understand English and Tamil.
- Teachers who are willing to participate in the study.
- Teachers who are working in selected school.

Exclusion Criteria:

- Teachers who were not present on the day of data collection.
- Teachers who were not willing to participate in the study.

TOOL AND SCORING PROCEDURE:

A structured Interview Schedule was used to evaluate the knowledge regarding prevention of child abuse among school teachers and it consists of two sections.

PART: 1 Demographic variables such as age,sex,educational status, year of experience, previous knowledge and type of family.

PART: 2 Structued Interview Schedule regarding prevention of child abuse .

DESCRPTION OF THE INSTRUMENT:

This section consists of 30 items containing questions related to prevention of child abuse. Each item has one correct response among 4 options and it is awarded a score of 1 for the correct response according to the pre determined key. The possible range of score varied from 0-30.

DESCRIPTION OF THE QUESTIONNAIRE:

| AREA OF QUESTIONS | NO.OF QUESTIONS |
|-------------------|-----------------|
| Introduction | 2 |
| Rights of child | 1 |
| Definition | 1 |
| Causes | 3 |
| Types | 9 |
| Prevention | 10 |
| Legal issues | 2 |
| Child helpline | 2 |
| Over All | 30 |

INTERPRETATION:

| Score | Percentage (100%) | Level of knowledge |
|-------|----------------------|---------------------|
| 0-15 | 0-50% | In adequate |
| 16-23 | 51-75% | Moderately adequate |
| 24-30 | 76-100% | Adequate |

VALIDITY AND RELIABILITY OF TOOLS:

VALIDITY

The validity of the tool was established in consultation with 5 nursing experts and those 1 expert from psychiatry, There was a changes made according to the opinions given by experts.

RELIABILITY

The reliability of the tool was established by test retest technique. The calculated reliability($r = 0.84$) was found feasible. The tool was found significant and feasible.

PILOT STUDY

The pilot study was conducted in selected school at Madurai. The investigator obtained written permission from the authority prior to the study. 7 subjects were taken for the study. That satisfied inclusion and exclusion criteria. The researcher obtained verbal consent from the participant, after explaining the benefits of the study, using Non-probability convenient sampling technique. 7 samples were selected and administration of structured interview schedule, that includes demographic variables. After 30mts video teaching was given 45mts regarding prevention of child abuse and phamlets given to each participants. 1hr & 30mts was utilized for the pretest. The 10th day was utilized 1hr & 30mts for post test, finally the data were analyzed. Data analysis was done by using descriptive and inferential statistics. The pilot study analysis revealed that the study was feasible to proceed with main study.

DATA COLLECTION PROCEDURE:

PHASE:1

The formal written permission were got from the headmistress of the Capron hall school after explain the benefits of video assisted teaching programme regarding prevention of child abuse.

PHASE:2

The data were collected in Capron hall school. The researcher obtained verbal consent from the participants, after explaining the benefits of the study, using Non-probability convenient sampling technique. 60 samples were collected. It was divided in to two sub groups and each group comprises of 30 teachers. In first group they were 30 teachers assembled and administration of structured interview schedule that includes demographic variables. After 30mts video teaching was given for 45mts regarding prevention of child abuse and phamlets given to each participants. 1 hour and 30mts was utilized for first group. Then another 1hr and 30mts was utilized for the second group. The 10th day also video teaching was given for 45mts regarding prevention of child abuse and phamlets given to each participants and utilized 1hr & 30mts for each group for post test, finally the data were analyzed.

PLAN FOR DATA ANALYSIS:

The analysis of data was done by using both descriptive and inferential statistics. Descriptive statistics used to calculate by mean, frequency & standard deviation. Inferential statistics used to calculate by paired 't' test & chi square test.

ETHICAL CONSIDERATIONS

The proposed study was conducted after the approval of dissertation committee. The written permission was obtained from Capron hall school in Madurai. Oral consent was obtained from each participant before data collection. Assurance was given to them that confidentiality will be maintained throughout the study and it was maintained.

CHAPTER – IV

DATA ANALYSIS AND

INTERPRETATION

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data collected to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among school teachers.

ORGANIZATION OF DATA:

The collected data were analyzed and interpreted under the following headings:-

- Demographic data
- Comparison of pre and post test score to evaluate knowledge regarding prevention of child abuse among school teachers.
- Effectiveness of video assisted teaching programme to improve the knowledge regarding prevention of child abuse among school teachers.
- Association of pretest score with their selected demographic variables.

Section A: Demographic variable:

Table: 1 Frequency and percentage distribution of school teachers working in selected school at Madurai, according to their demographic data.

(n=60)

| Demographic data | Frequency | % |
|-------------------------------------|------------------|----------|
| 1.Age (in years): | | |
| 25-30 years | 4 | 6.7 |
| 31-40 years | 32 | 53.3 |
| 41-50 years | 19 | 31.7 |
| Above 50 years | 5 | 8.3 |
| 2.Gender: | | |
| Male | 0 | 0 |
| Female | 60 | 100 |
| 3.Educational qualification: | | |
| Primary | 6 | 10 |
| Secondary | 2 | 3.3 |
| Higher secondary | 7 | 11.7 |
| Graduates | 45 | 75 |
| 4.Year of Experience : | | |
| Below 5 years | 14 | 23.3 |
| 6-10 years | 22 | 36.7 |
| 11-15 years | 11 | 18.3 |
| Above 15 years | 13 | 21.7 |
| 5.Previous knowledge : | | |
| Yes | 15 | 25 |
| No | 45 | 75 |
| 6.Type of family : | | |
| Nuclear family | 40 | 66.7 |
| Joint family | 17 | 28.3 |
| Extended family | 2 | 3.3 |
| Others | 1 | 1.7 |

The table 1: reveals that majority 32 number (53.3%) of teachers belongs to the age group of 31--40 years. Regarding sex, majority 60 number (100%) of teachers are females. Regarding educational status, majority 45 number (75%) of teachers were graduates. with Regarding year of experience of majority 22 number(36.7%)of teachers within 6-10years. .Regarding the previous knowledge,majority 45 number(75%) of teachers have inadequate knowledge. with regard to the type of family majority 40 number (66.7%) of teachers were nuclear family.

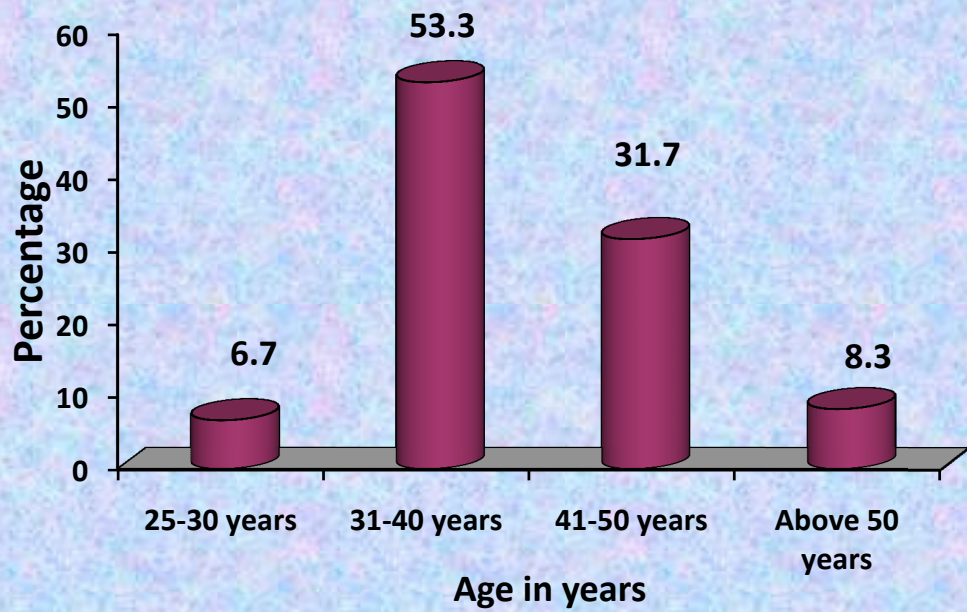


Fig No:2 percentage distribution among school teachers according to their age

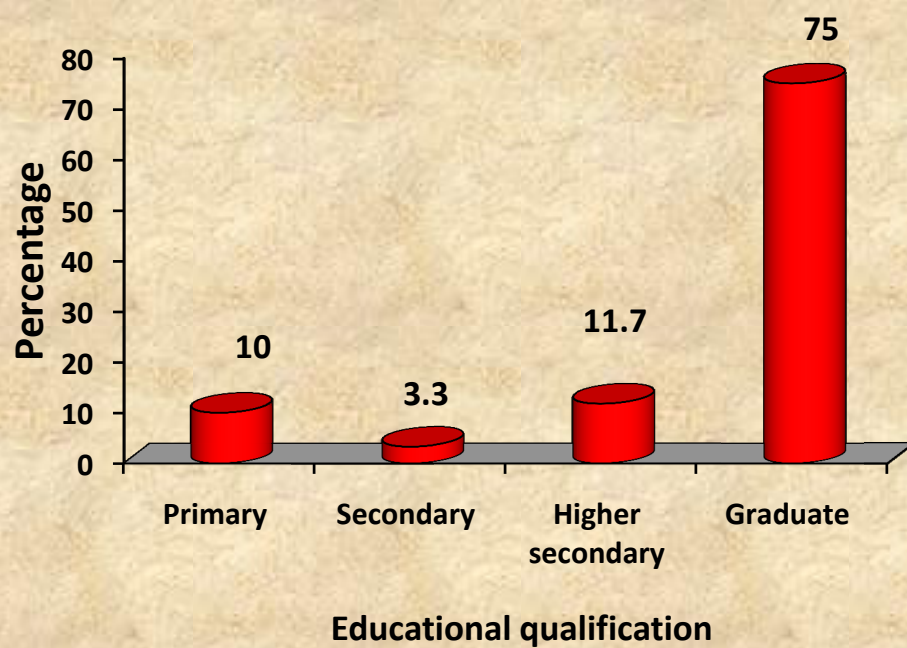
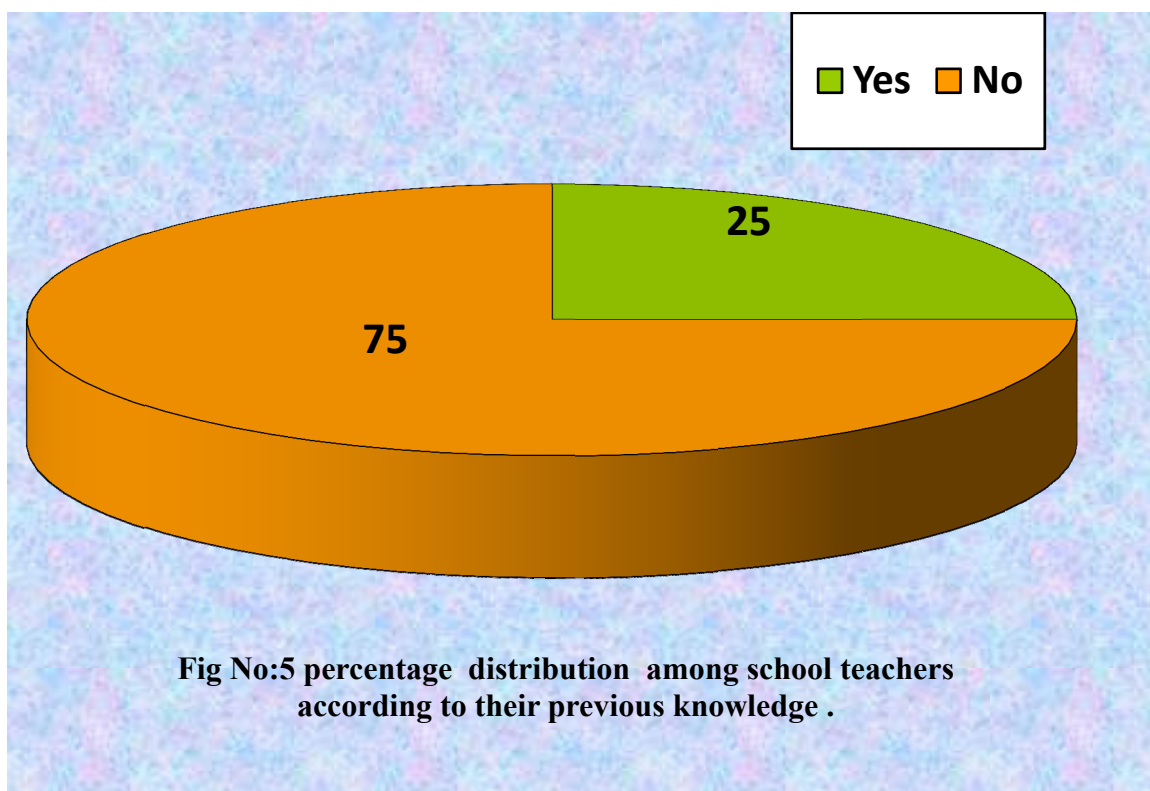


Fig No:3 percentage distribution among school teachers according to their educational qualification.





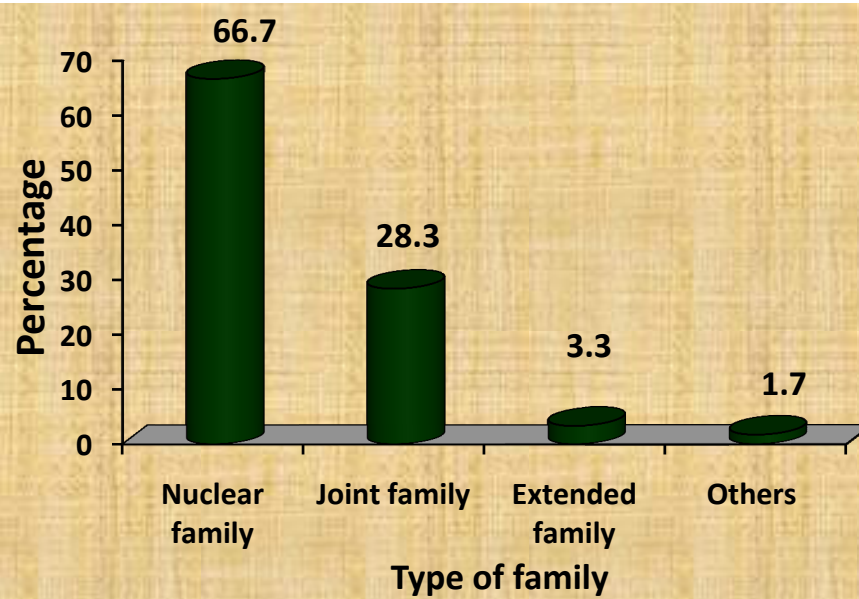


Fig No:6 percentage distribution among school teachers according to their type of family.

Section B: Comparison of pretest and post test score to evaluate the knowledge regarding prevention of child abuse among teachers in selected school at Madurai

Table:2 Mean , SD and mean% scores of pre test to evaluate the effectiveness of video assisted teaching programme knowledge regarding prevention of child abuse among teachers in selected school at Madurai.

| Area | pre test | | | |
|-----------------|-----------|-------|------|-------|
| | Max score | Mean | SD | Mean% |
| Introduction | 2 | 0.85 | 0.79 | 43 |
| Rights of child | 1 | 0.77 | 0.43 | 77 |
| Definition | 1 | 0.67 | 0.48 | 67 |
| Causes | 3 | 0.98 | 0.83 | 33 |
| Types | 9 | 4.8 | 1.25 | 53 |
| Prevention | 10 | 4.35 | 1.61 | 44 |
| Leagal issues | 2 | 1.28 | 0.80 | 64 |
| Child helpline | 2 | 1.39 | 0.65 | 69 |
| Overall | 30 | 15.27 | 3.13 | 51 |

Table:2 The table reveals that overall pretest mean score on knowledge regarding prevention of child abuse among school teachers was 51% shows Inadequate knowledge.

Table:3 Mean , SD and mean% scores of post test to evaluate the effectiveness of video assisted teaching programme knowledge regarding prevention of child abuse among teachers in selected school at madurai

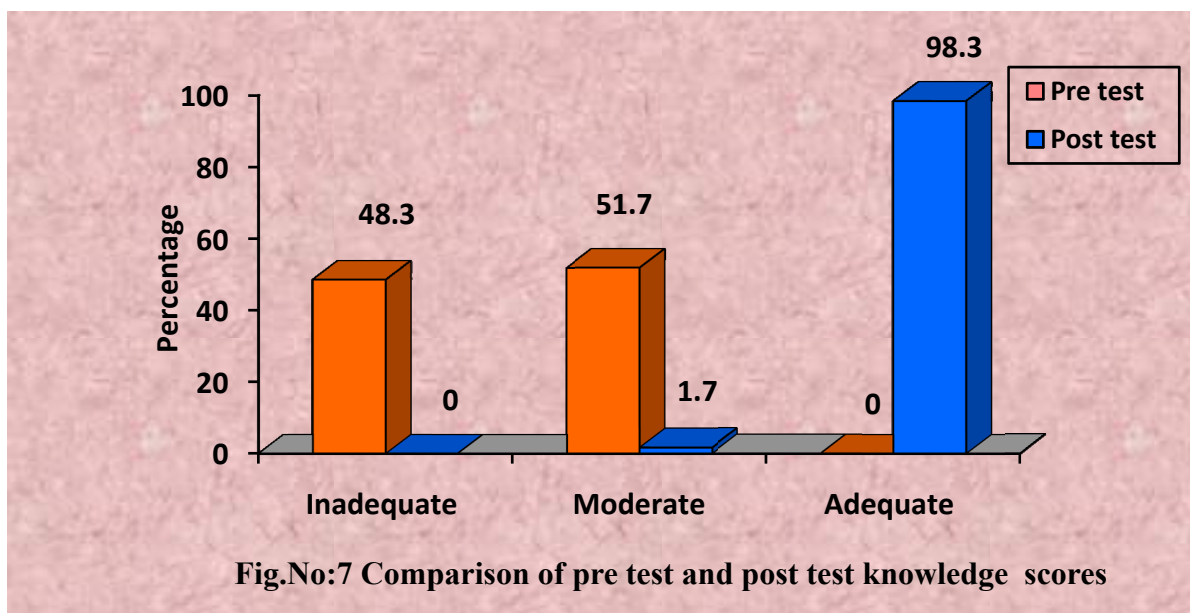
| Area | Post test | | | |
|-----------------|-----------|-------|------|-------|
| | Max score | Mean | SD | Mean% |
| Introduction | 2 | 1.95 | 0.22 | 98 |
| Rights of child | 1 | 1 | 0 | 100 |
| Definition | 1 | 0.98 | 0.13 | 98 |
| Causes | 3 | 2.87 | 0.43 | 96 |
| Types | 9 | 8.9 | 0.35 | 99 |
| Prevention | 10 | 9.62 | 0.58 | 96 |
| Leagal issues | 2 | 1.67 | 0.54 | 84 |
| Child helpline | 2 | 1.63 | 0.64 | 82 |
| Overall | 30 | 28.55 | 1.29 | 95 |

Table: 3 The table reveals that overall pretest mean score on knowledge regarding prevention of child abuse among school teachers was 95% shows Adequate knowledge.

Table:4 comparison of pre & post test scores to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school at Madurai.

| Level of knowledge | Pre test | | Post test | |
|--------------------|-----------|-------------|-----------|-------------|
| | f | % | f | % |
| Inadequate | 29 | 48.3 | - | - |
| Moderate | 31 | 51.7 | 1 | 1.7 |
| Adequate | - | - | 59 | 98.3 |
| Total | 60 | 100 | 60 | 100 |

TABLE:4 The table indicates the overall knowledge level of teachers in the school regarding child abuse, in pre test there were 29 number (48.3%) of the teachers with inadequate knowledge, 31 number (51.7%) of the teachers with the moderate level of knowledge where as in post test 59 number (98.3%) of teachers had adequate knowledge regarding the child abuse.



Section:C

Table:5 paired “t”-test values to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school at Madurai.

| Area | pre test | | post test | | Mean difference | ‘t’-value | p-value |
|-----------------|----------|------|-----------|------|-----------------|-----------|-----------------|
| | Mean | SD | Mean | SD | | | |
| Introduction | 0.85 | 0.79 | 1.95 | 0.22 | 1.1 | 10.43 | 0.000*** |
| Rights of child | 0.77 | 0.43 | 1 | 0 | 0.23 | 4.24 | 0.000*** |
| Definition | 0.67 | 0.48 | 0.98 | 0.13 | 0.32 | 5.23 | 0.000*** |
| Causes | 0.98 | 0.83 | 2.87 | 0.43 | 1.88 | 15.82 | 0.000*** |
| Types | 4.8 | 1.25 | 8.9 | 0.35 | 4.1 | 23.32 | 0.000*** |
| Prevention | 4.35 | 1.61 | 9.62 | 0.58 | 5.27 | 24.95 | 0.003** |
| Leagal issues | 1.28 | 0.80 | 1.67 | 0.54 | 0.38 | 3.09 | 0.000*** |
| Child helpline | 1.39 | 0.65 | 1.63 | 0.64 | 0.24 | 2.04 | 0.04* |
| Overall | 15.27 | 3.13 | 28.55 | 1.29 | 13.28 | 32.59 | 0.000*** |

*-p<0.05, significant and **-p<0.01 &***-p <0.001 , Highly significant

The above **Table 5.** shows that the mean and SD of pre test knowledge score was (15.27,3.13) and post test knowledge score was (28.55,1.29).The paired ‘t’ value shows that there is significant difference between pre test and post test knowledge score (t-32.59) at 0.001 level of significance.It indicate the effectiveness of video assisted teaching programme in improving the knowledge regarding prevention of child abuse among school teachers.

TableNo:6 Association of pre test knowledge scores of school teachers and their selected demographic variables.

| Demographic variables | Inadequate | | Moderate | | Adequate | | χ^2 | p-value |
|-------------------------------------|------------|------|----------|------|----------|---|-----------------|---------|
| | f | % | f | % | f | % | | |
| 1.Age (in years): | | | | | | | | |
| 25-30 years | 1 | 1.7 | 3 | 5 | - | - | 2.11 (df=3) | 0.55 |
| 31-40 years | 18 | 30 | 14 | 23.3 | - | - | | |
| 41-50 years | 8 | 13.3 | 11 | 18.3 | - | - | | |
| Above 50 years | 2 | 3.3 | 3 | 5 | - | - | | |
| 2.Gender: | | | | | | | | |
| Male | - | - | - | - | - | - | 0 | 1 |
| Female | 29 | 48.3 | 31 | 51.7 | - | - | | |
| 3.Educational qualification: | | | | | | | | |
| Primary | 2 | 3.3 | 4 | 6.7 | - | - | 2.08 (df=3) | 0.554 |
| Secondary | 1 | 1.7 | 1 | 1.7 | - | - | | |
| Higher secondary | 2 | 3.3 | 5 | 8.3 | - | - | | |
| Graduates | 24 | 40 | 21 | 35 | - | - | | |
| 4.Year of Experience : | | | | | | | | |
| Below 5 years | 4 | 6.7 | 10 | 16.7 | - | - | 4.86 (df=3) | 0.182 |
| 6-10 years | 11 | 18.3 | 11 | 18.3 | - | - | | |
| 11-15 years | 8 | 13.3 | 3 | 5 | - | - | | |
| Above 15 years | 6 | 10 | 7 | 11.7 | - | - | | |
| 5.Previous knowledge : | | | | | | | | |
| Yes | 5 | 8.3 | 10 | 18.3 | - | - | 1.802 (df=1) | 0.179 |
| No | 24 | 40 | 21 | 35 | - | - | | |
| 6.Type of family : | | | | | | | | |
| Nuclear family | 20 | 33.3 | 20 | 33.3 | - | - | 1.46 (df=3) | 0.691 |
| Joint family | 7 | 11.7 | 10 | 18.3 | - | - | | |
| Extended family | 1 | 1.7 | 1 | 1.7 | - | - | | |
| Others | 1 | 1.7 | 0 | 0 | - | - | | |

*-P<0.05 ,significant and **-P<0.01 &***-P<0.001 , Highly significant

The study found that there was a significant association between demographic variables (age,gender, educational status, year of experience, previous knowledge, type of family)and the knowledge level. The knowledge level of the teachers were significant at*_p < 0.05 level and **_p<0.01&***_p<0.001,highly significant.

CHAPTER - V

DISCUSSION

CHAPTER-V

DISCUSSION

Children in most sections of Indian society are traditionally and conventionally not consulted about matters and decisions affecting their lives. The conservative nature of Indian society makes it difficult for the teachers and parents to differentiate the incidence of child abuse. The present study focuses to evaluate the knowledge of teachers regarding prevention of child abuse. The discussion about the study findings are presented in this chapter based on the objectives and related literature.

The discussion will therefore be made under the following headings:

1. (a) To evaluate the pre test level of knowledge regarding prevention of child abuse among school teachers.
(b) To evaluate the post test level of knowledge regarding prevention of child abuse among school teachers.
2. To evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse.
3. To associate the pre test level of knowledge regarding prevention of child abuse among school teachers with their selected demographic variables.

First Objective:

(a) To evaluate the pretest level of knowledge regarding prevention of child abuse among school teachers.

In pre test the majority 29 (48.3%) number of teachers with Indequate knowledge and 31 (51.7%) number of teachers with moderately adequate level of knowledge and overall mean score was(51%) .

This study findings were consistent with the study conducted by **Manuela WA, Ruiter,et,al; (2013)** and he concluded that a majority of that although both groups of professionals are aware of child abuse signs and risks, they are also lacking specific knowledge. The results suggest that frontline workers are in need of supportive tools in the child abuse detection and reporting process. On the basis of our findings, directions for improvement of child abuse detection and reporting are discussed.

(b) To evaluate the post test level of knowledge regarding prevention of child abuse among school teachers.

In post test the majority 59 (98.3%) number of teachers with indequate knowledge and (1..7%) number of teachers with moderate level of knowledge and overall mean score was(95%) .

This study findings were consistent with the study conducted by **Bridgstock (2010)** and he concluded that, The results of this study the teachers had lack of knowledge before training.after that the teachers knowledge was improved to detect the child abuse earlier.

Second Objective: To evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse.

The mean and SD of pre test knowledge score was (15.27 ± 3.13) and post test knowledge score was (28.55 ± 1.29) . The paired 't' value shows that there is significant difference between pre test and post test knowledge score ($t=32.59$) at, $(p < 0.001)$ shows that there is statistical difference between the pre and post test level of knowledge regarding prevention of child abuse among school teachers.

This study findings were consistent with the study conducted by **Benjamin Olamide (2012)**. and he concluded that, primary school teachers had invaluable insight into teachers' ability to recognise manifestations of child abuse; their knowledge of South African mandatory reporting laws and procedures; their previous reporting practices and some of the beliefs shaping their attitudes and practices. The overall response rate for this study was 71% (237 respondents out of 332 contacted participants). This is better than the figures reported for other studies but comparable to that reported by , this response rate meets the generally acceptable quality threshold of 60% for surveys . For instance, in-service training contributed less than a quarter to the pool of teachers with any training on child abuse despite the fact that most of the teachers (86.5%) expressed their willingness to participate in any training aimed at strengthening their child abuse detection and reporting skills.

Third objective To associate the pretest level of knowledge regarding prevention of child abuse among school teachers with their selected demographic variables

The study found that there was a significant positive association between demographic variables (age, gender, educational status, year of experience, previous knowledge, type of family) and the knowledge level. The knowledge level of the

teachers were significant at*_p < 0.05 level and **_p<0.01&***_p<0.001,highly significant.

This study findings were consistent with the study conducted by **Plitz& Wachtel, (2009)**, and he concluded ,this study found that notably too, there was a positive association between previous training and the increased likelihood of teachers to have detected on-going child maltreatment: those who have had formal training on child abuse detection and reporting were found to be more than four times as likely to have had cause to suspect child abuse among their students (OR 4.86, 95% CI 2.64 - 8.96, $p = 0.000001$). However, research exploring the effect of training on teachers‘ .

CHAPTER – VI

**SUMMARY, CONCLUSION,
IMPLICATION, RECOMMENDATIONS
AND LIMITATIONS.**

CHAPTER-VI

SUMMARY, CONCLUSION, IMPLICATION, RECOMMENDATIONS AND LIMITATIONS.

This chapter briefly presents the Summary of the study, Conclusion, Implications for using, Recommendation and limitations.

SUMMARY OF THE STUDY:

The study was done to evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse in Capron hall school at Madurai.

An evaluative study with one group pre test and post test,i.e.,Quasi experimental design was used for the study.The total sample of the study was 60 school teachers.The samples were selected by Non-probability convenient sampling method which met the inclusion criteria.The study was based on penders health promotion theory was applied to the study.Review of literature helped the investigator to develop necessary tool. The instrument consist of two parts with demographic variables,structured knowledge questionnaire to evaluate the improve the knowledge among school teachers.

Data were collected at Capron hall girls higher secondary school at Madurai.This data were analyzed using both descriptive and inferential statistics.

MAJOR FINDINGS OF THE STUDY:

- Majority 32 number (53.3%) of teachers belongs to the age group of 31--40 years.

- Regarding sex, majority 60 number (100%) of teachers are females.
- Regarding educational status, majority 45 number (75%) of teachers were graduates.
- With Regarding year of experience of majority 22 number(36.7%)of teachers within 6-10years.
- Regarding the previous knowledge,majority 45 number(75%) of teachers have inadequate knowledge.
- With regard to the type of family majority 40 number (66.7%) of teachers were nuclear family.
- knowledge regarding prevention of child abuse among school teachers in pre test the mean 51% had overall inadequate knowledge score .
- The obtained t value for the mean difference between the pre test and post test level of knowledge among school teachers was 32.59 and it was significant at 0.001 level.

CONCLUSION:

The study findings revealed that there was a significant improved the knowledge regarding prevention of child abuse after the video assisted teaching programme.The provision of video assisted teaching programme will motivate the school teachers and help them to improve the knowledge level.

NURSING IMPLICATIONS:

Nursing service:

- Nurses are the key persons of the health team, who play a major role in health promotion and maintenance. Nurses should be updated with knowledge and competence in providing quality care.

- The nurse personnel need to prepare teaching and learning materials like information guide, which can be studied at schools.

Nursing education:

- The nurses should be encouraged to participate in awareness programs regarding child abuse.
- As a nurse educator there is an abundant opportunity for nursing professionals to educate people about child abuse.
- Nurse educator should conduct health campaigns and should use different strategies

Nursing administration:

- The nursing administrator should develop standardized protocols in managing abused children and their rehabilitation.
- Nursing administrator can organize continuing education programmes on the prevention of child abuse for nursing personnel and motivate them to educate the common public.

Nursing research:

- The researcher can develop appropriate health education tools for educating people.
- The study will motivate beginning researchers to conduct the same study with different variables on large scale.

RECOMMENDATIONS

- A similar study can be done with a large sample for generalization
- A study can be carried out to evaluate the efficiency of other teaching strategies like structured teaching program, computer assisted teaching program etc...

- Teachers 'participation in meetings held by village education committees on issues dealing with school.

LIMITATIONS:

1. Study is limited in evaluate the effectiveness of video assisted teaching programme on knowledge prevention of child abuse among school teachers.
2. Study is limited to the teachers who are working in selected school at Madurai.

REFERENCES

REFERENCES

BOOK REFERENCES

- Bimla kapoor “**The text book of psychiatric nursing**” 20th edition published by kumar publishing house, delhi.
- Black JM, Hawks JH, Keene AM. **Medical surgical nursing**. 6th ed. Philadelphia: Elsevier Mosby; 2006.
- Brockop Y.Dorothy, Hastings A. Marie and Tolsma., (2003) “**Fundamentals of nursing research**”, (3rd ed.), USA; Jones and Bartlett Publishers.
- Deborah, A., (2003) “**Psychiatric nursing**”, (4thed). Philadelphia: W.B Saunders Company.
- Dona Wong.et.all., “**Wong's essential of pediatric nursing**” 6th Edition - 2202. Gopsons, paper limited. Noida. .
- Elizabeth m.varcolis “**The text book of mental health &psychiatric nursing**”, published by jaypee brothers.
- Elizabeth,M.,(1996)”**Mental health nursing**”,(3rded). Philadelphia:W.B sounders company.
- Fortinash, P., et.al., (1996) “**Psychiatric mental health nursing**”, (1sted). Philadelphia: Mosby publication.
- Gelder , M .Et Al. “**Shorter Oxford Text Book Of Psychiatry**”.4th Edition. Oxford New Delhi University Press: 2002.
- Gail.w.stuar., micaheal.t. laraia., “**principles and practice of psychiatric nusing**”, 8th edition 2005, elsevier pvt limited.

- Gelder Lopez. **“New Oxford Of Psychiatry”** .1st Edition .Italy Oxford Press.1998
- Gurumani ,N., (2005) **“An introduction to Biostatics”**, (2nd ed.), New Delhi; MJP publishers (P) Ltd.
- Haber,S., (1997) **“Comprehensive psychiatric nursing”**, (5thed). St.Louis Missouri: Mosby Publishers, 623-628.
- Jarrell Stephen, B., (1994).**”Basic statistics”**, (1sted.), USA; WM. C. Brown Publishers, 108 – 141.
- Jacob anthikod, **“psychiatric nursing,”** 4th edition jaypee brothers medical publishers.
- Keltzner,L., (2003) **“Psychiatric nursing”**, (4thed). USA: Mosby publishers.
- Mary townsed. R.N., **"Essential of psychiatric/mental health nursing"**. First Edition 1999. F. A Davis & company Philadelphia 9.
- Mary.c.townsend **“The text book of mental health nursing”** 6th edition F.A.Daris company publications.
- Mary Ann boyd, **“Psychiatric contemporary practice,”** 3rd edition, Lippincott Williams Wilkins.
- Mary Ann Boyd, D., (2008) **“Psychiatric nursing”**, (4thed). New Delhi: Lippincott publishers.
- Marriner TA, Raile AM. **Nursing theorists and their work**. 5th ed. Sakraida T.Nola J. Pender. The Health Promotion Model. St Louis: Mosby; 2005
- Nareen caven frish lawrence, **“Psychiatric &Mental health nursing”**, 3rd edition,haryand Thomson Delmar learning publications.
- Niraj Ahaja., **"A short textbook of psychiatry"** 5th Edition -2005, Jaypee brothers medical publishers Pvt. Limited.

- Polit DF, Beck CT. **Nursing research: Principles and methods**. 7th ed. Philadelphia: Lippincott Williams & Wilkins; 2007
- Potter PA, Perry AG. **Fundamentals of nursing**. 6th ed. St.Louis: Elsevier Mosby; 2006.
- Parul Datta., **"Pediatric nursing"**. 2nd Edition (2009). Jaypee Brothers Medical Publishers (P) limited.
- Polit, F. Denise and Cheryl Tatano Beck., (2008) **"Nursing Research"**, (5th ed.), New Delhi; woltersKluwes (India) Pvt. Ltd.
- Poilt&Hangler, **'Nursing Research Principles And Methods'** 5th Edition; Philadelphia; Lippincott Company.
- Prabhakara, G.N., (2006) **"Biostatistics"**, (1sted.), New Delhi; Jaypee Brothers Medical publishers (P) Ltd.
- Stuart, W., (2005) **"Principles and practice of psychiatric nursing,"** (8thed). St.Louis Missouri: Mosby Publishers.
- Suraj Gupta., **"The short text book of pediatrics"** 8* edition -1995., Jaypee Brothers Media Publishers.
- Sreevani **"The text book of mental health psychiatric nursing"** (3rded). published by jaypee brothers.
- Wanda, K., (2006) **"Psychiatric mental Health Nursing"**, (6thed). USA: Lippincott Publishers.
- William and Beck, R., (1992) **"Mental health psychiatric nursing"** (3rded). Philadelphia : Mosby publication.
- Wesley,G. (1994). **"Nursing theories and models"**, (2nded.), Pennsylvania; spring house corporation.

JOURNAL REFERENCES

- Abrahams, N., Casey, K. & Daro, D. (1992). Teachers' knowledge, attitudes, and beliefs about child abuse and prevention. **Child Abuse & Neglect**, 16: 229–238.
- Ainsworth, F. (2002). Mandatory reporting of child abuse and neglect: does it really make a difference? **Child & Family Social Work**, 7:57–63.
- Alvarez, K.M., Kenny, M.C., Donohue, B. & Carpin, K. M. (2004). Why are professionals failing to initiate mandated reports of child maltreatment, and are there any empirically based training programs to assist professionals in the reporting process? **Aggression and Violent Behavior**, 9: 563-578.
- Andersson, N. & Ho-Foster, A. (2008). 13,915 reasons for equity in **sexual offences legislation**: International Journal for Equity in Health, 7:20.
- Aynsley-Green, A & Hall D. (2009). **Safeguarding children: a call to action**. Lancet, 373: 280-281.
- Baginsky, M. & Macpherson, P. (2005). Training teachers to safeguard children: Developing a consistent approach. **Child Abuse Review**, 14(5): 317–330.
- Beck, K.A., Ogloff, J.R.P. & Corbishley, A. (1994). Knowledge, compliance, and attitudes of teachers toward mandatory **child abuse** reporting in British Columbia. Canadian Journal of Education, 19:15-29.
- Bordin I.A., Duarte C.S., Peres C.A., Nascimento R., Curto B.M. & Paula C.S. (2009). Severe physical punishment: **risk of mental health problems**. Bulletin of the World Health Organization, 87:336-344.

- Centers for Disease Control and Prevention (CDC). (2010). Strategic direction for **child maltreatment prevention**.
- Centers for Disease Control and Prevention (CDC). (2011). Epi Info version 3.5.3.
- Centers for Disease Control and Prevention (CDC). (2012b).
- Centers for Disease Control and Prevention (CDC). (2012a). **Child maltreatment: Risk and protective factors**.
- Commission on Social Determinants of Health (CSDH). (2008). Closing the gap in a generation: Health equity through action on the social determinants of health.
- Geneva: World Health Organisation. Coovadia, H., Jewkes, R., Barron, P., Sanders, D. & McIntyre, D. (2009).. *Child and Family Social Work*, 13:378–390.
- Denler, H., Wolters, C. & Benzon, M. (2009). **Social Cognitive Theory**:
- Dubowitz, H. & Bennet, S. (2007). **Physical abuse and neglect of children**. *Lancet*, 369:1891-1899.
- Durrheim, K. & Painter, D. (2009). Ch. 7 – Collecting Quantitative Data: **Sampling and Methodology**. In Terre Blanche, M., Durrheim, K. & Painter, D. (eds). *Research in practice: Applied methods for the social sciences*. Cape Town: UCT Press: 132 – 159.
- Durrheim, K. (2009). Ch. 9 – Basic Quantitative Analysis. In Terre Blanche, M., Durrheim, K. & Painter, D. (eds). **Research in practice: Applied methods for the social sciences**. Cape Town: UCT Press: 187 – 214.
- Finkelhor, D., & Korbin, J. (1988). Child abuse as an international issue. **Child Abuse & Neglect**, 12: 3–23.

- Gilbert R., Kemp, A., Thoburn, J., Sidebotham, P., Rafford, L., Glaser, D. & MacMillan H.L. (2009b). Recognising and responding to **child maltreatment**. *Lancet*, 373: 167–80.
- Gilbert, R., Widom, C.S., Browne, K., Fergusson, D., Webb, E. & Janson, S. (2009a). **Child maltreatment**, 373:68-81.
- Goebbels, A.F.G., Nicholson, J.M., Walsh, K. & De Vries, H. (2008). Teachers' reporting of suspected **child abuse and neglect**: behaviour and determinants. *Health Education Research*, 23 (6): 941–951.
- Goldman, J., Salus, M. K., Wolcott, D. & Kennedy, K. Y. (2003). A coordinated response to **child abuse and neglect**: the foundation for practice
- Harries, M. & Clare, M. (2002). **Mandatory reporting of child abuse: evidence and options**, report for the Western Australian Child Protection Council, Discipline of Social Work and Social Policy, The University of Western Australia.
- Hildyard, K.L. & Wolfe, D.A. (2002). Child neglect: developmental issues and outcomes. *Child Abuse and Neglect*, 26:679-695.
- Hill, M., Stafford, A. & Green Lister, P. (eds). (2002). International perspectives on **child protection**. Report of a seminar held on 20th Executive **Child Protection Review Protecting Children Today and Tomorrow**.
- Hinson, J., & Fossey, R. (2000). **Child abuse**: What teachers in the '90s know, think, and do. *Journal of Education for Students Placed at Risk*, 5:251-266.
- Human Rights Watch. (2001). Scared at school: **sexual violence** against girls in South African schools. Human Rights Watch, New York.

- James, M. (1994). Child abuse and neglect: **Incidence and prevention. Issues in child abuse prevention.**
- Jewkes, R., Abrahams, N., Mathews, S., Seedat, M., Van Niekerk, A., Suffla, S. & Ratele, K. (2009). **Preventing rape and violence in South Africa:**
- Jewkes, R., Levin, J., Mbananga, N. & Bradshaw, D. (2002). Rape of girls in South Africa. *Lancet*, 359: 319–20.
- Johnson, C.F. (2004). **Child sexual abuse.** *Lancet*, 364: 462-470.
- King, B.C. (2011). Understanding reports to child welfare from the education system: **challenges and opportunities for supporting vulnerable children.** University of Toronto.
- _Thesis.pdf Korbin, J.E. (1991). Cross-cultural perspectives and research directions for the 21st century. **Child Abuse and Neglect: The International Journal**, 15(1):67-77.
- KwaZulu-Natal Department of Education (KZN DOE). (2010a). Policy Guidelines for the **Management of Child Abuse and Neglect** in KZN Department of Education.
- KwaZulu-Natal Department of Education (KZNDOE). (2010b). **Compulsory reporting of abused or neglected children and children in need of care and protection.** KZN circular 40 of 2010.
- Lalor, K. (2004). **Child sexual abuse** in sub-Saharan Africa: a literature review. **Child Abuse & Neglect**, 28: 439–460.
- Lazenbatt, A. & Freeman, R. (2006). Recognizing and reporting child physical abuse: a survey of primary healthcare professionals. **Journal of Advanced Nursing**, 56(3):

- Mathews, B. & Walsh, K. (2004). Issues in mandatory reporting of child sexual abuse by Australian teachers. *Australia & New Zealand Journal of Law and Education*, 9(2):
- Mathews, S., Jewkes, R. & Abrahams, N. (2011). ‘I had a Hard Life’: Exploring childhood adversity in the shaping of masculinities among men who killed an intimate partner in South Africa. *British Journal of Criminology*, 51(6): 960–977.
- Matthews, S., Abrahams, N., Jewkes, R., Martin, L.J. & Lombard, C. (2012). Child homicide patterns in South Africa: Is there a link to **child abuse**? South African Medical Research Council, Research Brief.
- McQuoid-Mason, D. (2011). Mandatory reporting of **sexual abuse** under the sexual offences act and the ‘best interests of the child’. *South African Journal of Bioethics and Law*, 4:74-78.
- Morrell, R. (2001). Corporal punishment in South African schools: a neglected explanation for its persistence. *South African Journal of Education*, 21(4): 292-299.
- Mullen, P.E., Martin, J.L., Romans, S.E. & Herbison, G.P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse and Neglect*, 20(1):7-21.
- Panel on Research on **Child Abuse and Neglect**, National Research Council. (1993). *Understanding child abuse & neglect*. Washington, D.C.: National Academies Press.
- Pierce, L. & Bozalek, V. (2004). Child abuse in South Africa: an examination of how child abuse and neglect are defined. *Child Abuse and Neglect*, 28:817-832.

- Piltz, A. & Wachtel, T.M. (2009). Barriers that inhibit nurses reporting suspected cases of **child abuse and neglect**. *Australian Journal of Advanced Nursing*, 26(3):93-100.
- Pinheiro, V. S. (2006). *World Report on Violence against Children*. United Nations Publishing Service, Geneva.
- Prinsloo, S. (2006). **Sexual harassment and violence** in South African schools. *South African Journal of Education*, 26(2): 305–318
- Rehle, T., Shisana, T., Pillay, V., Zuma, K., Puren, A. & Parker, W. (2007). **National HIV incidence measures**—new insights into the South African epidemic. *South African Medical Journal*, 97: 194 –199.
- Richter, L.M. & Dawes, A.R.L. (2008). Child abuse in South Africa: rights and wrongs. *Child Abuse Review*, 17: 79-93.
- Schilling, E.A., Aseltine, R.H., & Gore, S. (2008). The impact of cumulative childhood adversity on young adult mental health: Measures, models, and interpretations. *Social Science and Medicine*, 66:1140-1151.
- Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S. & Ratele, K. (2009). Violence and injuries in South Africa: Prioritising an agenda for prevention. *Lancet*, 374: 1011–22.
- Segal, L. & Daziel, K. (2011). Investing to protect our children: using economics to derive an evidence-based strategy. *Child Abuse Review*, 20: 274-289.
- Shumba, A. (2001). „Who guards the guards in schools? _A study of reported cases of **child abuse** by teachers in Zimbabwean secondary schools. *Sex Education*, 1(1):77-86.

- Sidebotham, P. (2001). An ecological approach to child abuse: a creative use of scientific models in research and practice. **Child Abuse Review**, 10:97-112.
- South African Human Rights Commission. (2002). Report on **sexual offences against children**: Does the criminal justice system protect children.
- South African Police Service (SAPS). (2012). **Crime Statistics** Stanley, N. & Appleton, J.V. (2008).
- International perspectives on child harm. **Child Abuse Review**, 17: 75–78.
- Tite, R. (1994). **Detecting the symptoms of child abuse**: classroom complications. Canadian Journal of Education, 19 (1): 1-14.
- Tomison, A.M. & Tucci, J. (1997). **Emotional Abuse: the hidden form of maltreatment**. **Issues in Child Abuse Prevention**, 8.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (DHHS). (2011). **Child Maltreatment 2010**.
- Wallace, I. & Bunting, L. (2007). An examination of local, national and international arrangements for the mandatory reporting of **child abuse**: the implications for Northern Ireland.
- Walsh, K., Bridgstock, R., Farrell, A., Rassafiani, M. & Schweltzer, R. (2008). Case, teacher and school characteristics influencing teachers' detection and reporting of child physical abuse and neglect: Results from an Australian survey. **Child Abuse & Neglect**, 32: 983–993.
- Walsh, K., Farrell, A., Schweltzer, R. & Bridgstock, R. (2005). Critical factors in teachers' **detecting and reporting child abuse and neglect: Implications for practice**. Australia: Abused Child Trust.

- Walsh, K., Rassafiani, M., Mathews, B., Farrell, A. & Butler, D. (2010). **Journal of Child Sexual Abuse**, 19 (3): 310 – 336
- Wang, C.T. & Holton, J. (2007). **Prevent Child Abuse America** Chicago, Illinois.
- Wong, W.C.W., Leung, P.W.S., Tang, C.S.K., Chen, W.Q., Albert, L. & Ling, D.C. (2009)., China. **Child Abuse and Neglect**, 33:441-450.
- World Health Organization (WHO). (2002). **Child Abuse and Neglect by Parents and Caregivers**.
- World Health Organisation (WHO) & International Society for **Prevention of Child Abuse and Neglect (ISPCAN)**. (2006).
- World Health Organisation (WHO). (2009). Series of briefings on **violence prevention: the evidence**.
- [World Health Organisation (WHO). (2010a). **Violence and health in the WHO African region**. WHO Regional Office for Africa, Brazaville.
- World Health Organisation (WHO). (2010b). **Child maltreatment**.

NET REFERENCES:

- ❖ <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=51367>
- ❖ <http://www.ncjrs.gov/App/publications/abstract.aspx?ID=112443>
- ❖ <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=52261>
- ❖ www.ccsenet.org/ass Asian Social Science
- ❖ <http://www.who.int/mediacentre/factsheets/fs150/en/index.html>
- ❖ <http://www.afro.who.int/en/clusters-a-programmes/dpc/mental-health-violence-andinjuries/mvi-publications.html>
- ❖ http://www.who.int/violence_injury_prevention/violence/global
- ❖ <http://www.nspcc.org.uk>
- ❖ http://www.acf.hhs.gov/programs/cb/stats_research
- ❖ <http://www.saps.gov.za/statistics>
- ❖ http://www.sahrc.org.za/home/21/files/Reports/child_sexual_offences
- ❖ www.childwelfare.gov
- ❖ www.endabuse.org
- ❖ www.childabuse.com
- ❖ www.childabuse.html
- ❖ www.childabusewikipedia.com
- ❖ www.googlesearch.com
- ❖ www.publichealthdepartment.com
- ❖ www.childabuserelatedreviewofliterature.com
- ❖ www.pubmed.com
- ❖ www.medline.com

APPENDICES

APPENDIX -I



SAKTHI COLLEGE OF NURSING

(Approved by Govt. of Tamilnadu, Recognised by INC, TNC & Affiliated to Dr. M.G.R. Medical University)

Sakthi Nagar, Dindigul - Palani Main Road,
Palakkanuthu - (Po.),
Oddanchatram - 624 619.
Dindigul (Dt.), Tamilnadu.

Phone : 0451 - 2050272
Mobile : 97509 56810
Fax : 0451-2554317
E-mail : sakthinursingcollege@gmail.com

Dr.K.Vembanan, M.B.B.S., M.S.,
Chairman

PERMISSION LETTER

From
The Principal,
Sakthi College of Nursing,
Oddanchatram, Dindigul (Dt)

To
The Principal,
Capron Hall Hr. Sec. School,
Madurai.

Respected Sir / Madam,

Sub.: Request for permission to conduct research study – reg.

MRS. SATHIAVARTHINI .J.P is a bonafide M.Sc., Nursing student studying in our college. As a partial fulfillment of The Tamilnadu Dr. MGR Medical University requirement for the award of the M.Sc., Nursing Degree, she is undertaking (A quasi experimental study to evaluate **"THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE OF CHILD ABUSE AMONG TEACHERS IN SELECTED SCHOOL AT MADURAI"**), she has identified your centre as the best place to conduct the study.

Further details of the proposed project will be furnished by the student personally. She will not hinder your routine in any way and she will abide to the rules and regulations of the institution. All the information collected from institution will be kept confidential.

I kindly request you to grant her permission to conduct the study at your esteemed institution.

Thanking you,

Date :

Place :

R. Sathiyavathi Kal
HEADMISTRESS
Capron Hall Higher Secondary School
for Girls
MADURAI - 625 016

Yours sincerely,

Principal
Principal
Sakthi College of Nursing
Sakthi Nagar, Palakkanuthu
Dindigul - (Dist)
624 624

APPENDIX -II
CONTENT VALIDITY

From

Reg.No
M.Sc Nursing IIndYear ,
Sakthi College Of Nursing.
Oddanchatram, Dindigul.

To

Respected Sir / madam,

Sub:-Requisition from expert opinion and content validity reg.

I am 2nd year MSc Nursing student Sakthi College of Nursing Oddanchatram ,Dindigul under TamilnaduDr.MGR Medical University. As a partial fulfillment of M.Sc Nursing Degree program, I am conducting a research study “**A ” effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school at madurai dist**”. For the study I have developed a questionnaire to assess the knowledge among school teachers.I am sending the research tool for content validity and request you to give your expert and valuable review and opinion. I will be very thankful if your return at the earliest. Here with I have enclosed the necessary documents.

Thanking you.

Enclosed:

Yours sincerely.

- Statement of the problem and objectives of the study]
- Tool with blueprint and scoring key
- Brief note on the research methodology and intervention tool
- Certificated of content validity

APPENDIX-III

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool prepared by II nd year M.Sc Nursing student of Sakthi College of Nursing for the conduction of the “**effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school at Madurai Dist**”, is valid .She can proceed in conducting the data collection with it.

Place:

Date:

Signature

APPENDIX –IV

LIST OF EXPERTIES

1. **Dr.C.Ramasubramanian, M.D,DPM.,**
Consultant psychiatrist
Reg.no.28039
Ahana Hospitals LLP,
Madurai.(DT).
2. **Prof.Bharathi Arumugam, MSC(N), Ph.D.,**
Principal,
Hindu Mission College Of Nursing,
Chennai.
3. **Prof.Ciby Jose MSC(N), Ph.d.,**
Vice Principal,
Hindu Mission College Of Nursing,
Chennai.
4. **Prof.M.Bharathi MSC(N), Ph.d.,**
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APPENDIX-V

CERTIFICATE FOR ENGLISH EDITING TO WHOME SO EVER IT MAY CONCERN

This is to certify that the dissertation fitted “**effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school at Madurai Dist**”.By J.P.SATHIAVARTHINI M.Sc (N) II Year student, sakthi college of Nursing was edited for English Language appropriateness by **Mr.Alansureshraj, M.A,B.Ed.,** Panjayat Union Middle school ,Uruvatti,Davakottai,


Signature

APPENDIX-VI

CERTIFICATE FOR TAMIL EDITING

TO WHOME SO EVER IT MAY CONCERN

This is to certify that the dissertation fitted "effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among teachers in selected school at Madurai, Dist.By J.P.SATHIAVARTHINI M.Sc (N) II Year student, Sakthi college of Nursing was edited for Tamil Language appropriateness by Mrs.S.Miriyamchithra.M.A,B.Ed., C.S.I.Girls Hr.Sec.School,Pasumalai,Madurai,

S.Miriyamchithra
Signature

APPENDIX-VII

DEMOGRAPHIC VARIABLES

INSTRUCTIONS:

The respondent should read the following questions and the selected option must be ticked as the reputed alphabet in the bracket.

1.AGE:

- a) 25-30yrs []
- b) 31-40yrs []
- c) 41-50yrs []
- d) above 50yrs []

2.GENDER:

- a) Male []
- b) Female []

3.EDUCATIONAL QUALIFICATION:

- a) Primary level []
- b) Middle level []
- c) Secondary level []
- d) Graduates []

4.YEAR OF EXPERIENCE:

- a) Below 5yrs []
- b) 6-10 yrs []
- c) 11-15 yrs []
- d) Above 15 yrs []

5. PREVIOUS EXPERIENCE:

a) Yes []

b) No []

6. TYPE OF FAMILY:

a) Nuclear family []

b) Joint family []

c) Extended family []

d) Others []

STRUCTURED QUESTIONNAIRES

INSTRUCTIONS:

The respondent should read the following questions and the selected option must be ticked as the reputed alphabet in the bracket.

1. What are the symptoms associated with abuse and neglect?

- a) Emotional problem and psychiatric symptoms ()**
- b) Stressful life events ()**
- c) High risk pregnancies ()**
- d) Self blame ()**

2. What is the percentage of child abuse rate in India?

- a) 40%--50% ()**
- b) 50&--60% ()**
- c) 60%--70% ()**
- d) 70%--80% ()**

3. What are the rights of child?

- a) Right to education ()**
- b) Right to love and security ()**
- c) Right to play and recreation ()**
- d) All of the above ()**

4. When any physical, sexual, emotional, psychological or other act involving a child with intent to harm the child is called?

- a) Child abuse** ()
- b) Street children** ()
- C) Child labor** ()
- d) Child neglect** ()

5. What is the result of very rigid in disciplining their child?

- a) Child neglect** ()
- b) Child abuse** ()
- c) Emotional abuse** ()
- d) Physical abuse** ()

6. What can be associated with an increased rate of child abuse?

- a) Illiterate parents** ()
- b) Nuclear families** ()
- c) Unemployment and financial difficulties** ()
- d) High risk pregnancies** ()

7. What is the major contributing factor for child abuse?

- a) Marital strife** ()
- b) Substance abuse** ()
- c) Economic recession** ()
- d) Problem with neighborhood** ()

8. In which abuse the physical aggressions directed at a child by an adult?

- a) Emotional abuse ()
- b) Physical abuse ()
- c) Sexual abuse ()
- d) Neglect ()

9. What are the signs and symptoms of physical abuse?

- a) Unexplained burns ()
- b) Bites and bruises ()
- c) Broken bones ()
- d) All of the above ()

10. What are the signs and symptoms of emotional abuse?

- a) Overly complaint ()
- b) Extreme passivity or aggression ()
- c) Suicidal trial ()
- d) All of the above ()

11. In which abuse the child reports a lack of attachment to the parent?

- a) Emotional abuse ()
- b) Child neglect ()
- c) Sexual abuse ()
- d) Physical abuse ()

12. What is the percentage of children facing the sexual abuse in India?

- a) 30%--40%** ☐
- b) 40%--50%** ☐
- c) 50%--60%** ☐
- d) 60%--70%** ☐

13. What are the signs and symptoms of sexual abuse?

- a) Difficulty in walking or sitting** ☐
- b) Reports night mares or bedwetting** ☐
- c) Experiences a sudden change in appetite** ☐
- d) All of the above** ☐

14. What are the signs and symptoms of neglect?

- a) Failure to provide food, shelter and care** ☐
- b) Over responsible and alert** ☐
- c) Un explained fear** ☐
- d) None of the above** ☐

15. What are the signs of emotional neglect?

- a) Children have normal behavior** ☐
- b) Failure to provide the child with love, hope and support** ☐
- c) Financial problem** ☐
- d) None of the above** ☐

16. In which type of neglect the children fail to wear the clothes appropriate to weather?

- a) Child neglect** ()
- b) Physical neglect** ()
- c) Emotional neglect** ()
- d) None of the above** ()

17. In which month is celebrating as a child abuse prevention month in India?

- a) January** ()
- b) July** ()
- c) December** ()
- d) April** ()

18. Which is the important strategy of primary prevention?

- a) Increase the parents' knowledge and understanding the growth & development of child in each stage** ()
- b) Not cared for their needs** ()
- c) Improving the family economic status** ()
- d) All of the above** ()

19. In which type of parent, the parent education classes should be aimed?

- a) Abused parents** ()
- b) Teen mothers and fathers** ()
- c) Adopted children parents** ()
- d) Illiterate parents** ()

20. Which is the best chance for recovery an abused or neglected child in secondary prevention?

- a) Early detection and treatment** ()
- b) Cognitive behavior therapy** ()
- c) Vital therapy** ()
- d) Psycho therapy** ()

21. What is the first step of treatment in secondary prevention?

- a) Family counseling** ()
- b) To provide safe environment** ()
- c) Psycho therapy** ()
- d) Play therapy** ()

22. Why the counseling is always recommended for abused or neglected children?

- a) How they feel about themselves** ()
- b) Their past experiences** ()
- c) Fear and concerns about present and future** ()
- d) All of the above** ()

23. What are the therapies included in counseling giving to young children?

- a) Play therapy and art therapy** ()
- b) Psycho therapy** ()
- c) Cognitive therapy** ()
- d) None of the above** ()

24. What is the symbolic representation of child's art work?

- a) Psycho motor activity** ☐
- b) Intellectual function** ☐
- c) Feeling, relationship with friends or family** ☐
- d) Type of behavior** ☐

25. What are the forms of psychotherapy for trauma related problems?

- a) Counseling and education about safety and support** ☐
- b) Exercise, sports and physical activity** ☐
- c) Play therapy** ☐
- d) All of the above** ☐

26. What is the reason using games, drawings and play materials in play therapy?

- a) Developing the disrupted attachment** ☐
- b) Express, understand and control feelings** ☐
- c) Changes in appetite** ☐
- d) Improving the cognitive skills** ☐

27. What is the penalty for child sexual abuse?

- a) Death penalty for repeat offenders** ☐
- b) 5Yrs in prison** ☐
- c) 2Times warning** ☐
- d) All of the above** ☐

28. How many years for incarceration punishment while felony convictions?

- a) 2 Yrs in prison** ☐
- b) 10Yrs more in prison** ☐
- c) 3 Yrs in prison** ☐
- d) 6Yrs in prisons** ☐

29. What is the child helpline toll free number?

- a) 1058 ()
- b) 1098 ()
- c) 1022 ()
- d) 1020 ()

30. Which organization available in India for sexual abuse and domestic violence?

- a) NGAOI ()
- b) NGO ()
- c) GO ()
- d) All of the above ()

KNOWLEDGE QUESTIONNAIRE ON CHILD ABUSE

ANSWER KEY

| Question no | Ans | Question no | Ans | Question no | Ans |
|--------------------|------------|--------------------|------------|--------------------|------------|
| 1 | a | 11 | a | 21 | b |
| 2 | b | 12 | c | 22 | d |
| 3 | d | 13 | d | 23 | a |
| 4 | a | 14 | a | 24 | c |
| 5 | b | 15 | b | 25 | d |
| 6 | c | 16 | a | 26 | b |
| 7 | a | 17 | d | 27 | a |
| 8 | b | 18 | a | 28 | b |
| 9 | d | 19 | b | 29 | b |
| 10 | d | 20 | a | 30 | a |

APPENDIX –VIII

குறிப்பு:

நீங்கள் பதிலளிக்கும் ஒவ்வொரு சரியான விடைகளுக்கு கட்டத்தில் (✓) செய்யவும்.

வினா-நிரல்

சுயவிவரம் பற்றிய கேள்விகள்

1 வயது

- (அ)25-30 வயதிற்குட்பட்டவர்கள் ()
(ஆ)31-40 வயதிற்குட்பட்டவர்கள் ()
(இ)41-50 வயதிற்குட்பட்டவர்கள் ()
(ஈ) 50 வயதிற்கு மேற்பட்டவர்கள்

2 இனம்

- (அ)ஆண் ()
(ஆ)பெண் ()

3 கல்விதகுதி

- (அ)ஆரம்பக் கல்விபெற்றவர்கள் ()
(ஆ)நடுநிலைக் கல்விபெற்றவர்கள் ()
(இ)மேல்நிலைக் கல்விபெற்றவர்கள் ()
(ஈ)பட்டதாரிகள் ()

4) அனுபவவருடங்கள்

- (அ)5வருடத்திற்கு கீழ் ()
(ஆ)6-10 வருடங்கள் ()
(இ) 11-15வருடங்கள்
(ஈ) 15 வருடங்களுக்கு மேல்

5 முந்தைய புலமை

- அ)ஆம் ()
ஆ)இல்லை ()

6) குடும்ப அமைப்பு

- அ)தனிகுடும்பம் ()
ஆ)கூட்டுக் குடும்பம் ()
இ)விரிவானகுடும்பம் ()
ஈ)மற்றவகையானகுடும்பம் ()

- 1) துஷ்பிரயோகம் மற்றும் புறகணிப்புதொடர்புடைய அனைத்து அறிகுறிகளையாவை? ()
- அ) உணர்ச்சி பிரச்சனை மற்றும் உளவியல் சிக்கல் ()
- ஆ) இறுக்கமான வாழ்க்கை நிகழ்வுகள் ()
- இ) அதிக ஆபத்தான கருதரித்தல் ()
- ஈ) சுயபழி ()
- 2) குழந்தைகள் முறைகேட்டின் சதவீதம் என்ன? ()
- அ) 40% - 50% ()
- ஆ) 50% - 60% ()
- இ) 60% - 70% ()
- ஈ) 70% - 80% ()
- 3) குழந்தையின் உரிமைகள் யாவை? ()
- அ) கல்வி உரிமை ()
- ஆ) பாசம் மற்றும் பாதுகாப்பு உரிமை ()
- இ) விளையாட்டு மற்றும் பொழுதுபோக்கு உரிமை ()
- ஈ) மேற்கண்ட அனைத்தும் ()
- 4) ஒரு குழந்தை சம்பந்தப்பட்ட எந்த உடல், பாலியல், உணர்ச்சி, உளவியல் அல்லது மற்ற செயல் என்ன என்று அழைக்கப்படுகிறது? ()
- அ) குழந்தை முறைகேடு ()
- ஆ) தெரு குழந்தைகள் ()
- இ) குழந்தை தொழிலாளி ()
- ஈ) குழந்தை புறகணிப்பு ()
- 5) மிகவும் கடினமான முறையில் கண்டிப்பதால்தாங்கள் குழந்தைகள் விளைவு என்ன ஆகும்? ()
- அ) குழந்தை புறகணிப்பு ()
- ஆ) குழந்தை முறைகேடு ()
- இ) உணர்ச்சி துஷ்பிரயோகம் ()
- ஈ) உடல் முறைகேடு ()
- 6) முறைகேடு அதிகரித்த விகிதம் தொடர்புடைய காரணம் என்ன? ()
- அ) படிப்பறிவில்லாத பெற்றோர்கள் ()
- ஆ) தனிக்குடும்பம் ()
- இ) குடும்பங்களில் வேலையின்மை மற்றும் நிதி நெருக்கடி ()
- ஈ) அதிக ஆபத்தான கருவுற்றல் ()

- 7 குழந்தை துஷ்பிரயோகத்தின் முக்கியகாரணம் என்ன? ()
- அ)திருமணபூசல் ()
- ஆ)போதை மருந்துகள்துஷ்பிரயோகம் ()
- இ)பொருளாதாரமந்தநிலை ()
- ஈ)அருகில்வசிப்பவர்களோடுபிரச்சனை
- 8 குழந்தையின் உடல் ஆக்கிரமிப்பு முழு மனப்பக்குவம் கொண்ட மனிதனால் எந்த துஷ்டபிரயோகத்தில் நடைபெறுகிறது? ()
- அ)உணர்ச்சி துஷ்பிரயோகம் ()
- ஆ)உடல்துஷ்பிரயோகம் ()
- இ)பாலியல்துஷ்பிரயோகம் ()
- ஈ)புறக்கணிப்பு
- 9 ஊடல் துஷ்பிரயோகத்தின் அறிகுறிகள்யாவை? ()
- (அ)விவரிக்கமுடியாத தீக்காயங்கள் ()
- (ஆ)கடித்தல் ()
- (இ)உடைந்த எலும்புகள் அல்லது கண்கள் சுறுப்பாகஇருக்கும் ()
- (ஈ)மேற்கூறிய அனைத்தும் ()
- 10 உணர்ச்சி துஷ்பிரயோகத்தின் அறிகுறிகள்யாவை? ()
- அ) அதீதபுகார் ()
- ஆ) தீவிமரமாகஅல்லது ஆக்கிரமிப்புநடத்தை ()
- இ) தற்கொலை முயற்சிஇருக்கும் ()
- ஈ) மேற்கூறிய அனைத்தும் ()
- 11 எந்த துணபிரயோக வகையில் குழந்தைகளுக்கு பெற்றோர்கள் அரவணைப்பு அல்லது இணைப்பு இருக்காது? ()
- அ)உணர்ச்சி துஷ்பிரயோகம் ()
- ஆ)குழந்தை புறக்கணிப்பு ()
- இ)பாலியல் துஷ்பிரயோகம் ()
- ஈ)உடல் துஷ்பிரயோகம் ()
- 12 இந்தியாவின் பாலியல் துஷ்பிரயோகம் எதிர்கொள்ளும் குழந்தைகளின் சதவீதம் என்ன? ()
- அ)30% - 40% ()
- ஆ)40% - 50% ()
- இ)50% - 60% ()
- ஈ)60 % - 70%

- 13 பாலியல்துஷ்பிரயோகத்தின் அறிகுறிகள்யாவை?
 அ)குழந்தைகள்நடப்பதற்கும் உட்காருவதற்கும் சிரமம் ஏற்படும் ()
 ஆ)கனவுகள்அல்லதுபடுக்கையில்சிறுநீர் கழித்தல் ()
 இ)பசிஎடுத்தில்ஒருதிடீர் மாற்றம் ஏற்படுகிறது. ()
 ஈ)மேற்கூரிய அனைத்தும் ()
- 14 புறக்கணிப்பின் அறிகுறிகள்யாவை?
 அ)குழந்தைக்கு தேவையான உணவு, இடம் மற்றும் கவனிக்கயாரும் ()
 இல்லாதநிலை ()
 ஆ)அதிக பொறுப்புமற்றும் சுறுசுறுப்பாகஇருக்கும். ()
 இ)விவரிக்கமுடியாதபயம் ()
 ஈ)மேற்கூரியஎதுவும் இல்லை. ()
- 15 உணர்ச்சி புறக்கணிப்பின் அறிகுறிகள்யாவை?
 அ)குழந்தைகள் சகஜமாக பழகுவார்கள். ()
 ஆ)குழந்தைக்கு தேவையானஅன்பு, நம்பிக்கை மற்றும் துணைக்கு யாரும் ()
 இல்லாதநிலை ()
 இ)பண்பிரச்சனை இருக்கும் ()
 ஈ)மேற்கூரியஎதுவும் இல்லை ()
- 16 எந்தபுறக்கணிப்பில் வானிலைக்கு ஏற்றவாறு குழந்தைகள் உடைகள் அணிவதில்லை?
 அ)குழந்தை புறக்கணிப்பு ()
 ஆ)உடல்புறக்கணிப்பு ()
 இ)உணர்ச்சி புறகணிப்பு ()
 ஈ)மேற்கூரியஎதுவும் இல்லை ()
- 17 இந்தியாவில் முறைகேடு தடுப்பு மாதமாக எந்தமாதம் கொண்டாடப்படுகிறது?
 அ)ஜனவரி ()
 ஆ)ஜூலை ()
 இ)டிசம்பர் ()
 ஈ)ஏப்ரல் ()
- 18 முதன்மை தடுப்பு நிலையில் எது முக்கியமான தடுப்பு உத்தியாக கருதப்படுகிறது?
 அ) குழந்தைகளின் வளர்ச்சி ஒவ்வொருகட்டத்திலும் எப்படிஇருக்கும் என்ற ()
 அறிவை மற்றும் புரிந்துகொள்ளும் நன்மையை பெற்றோர்களுக்கு ()
 அதிகபடுத்தவேண்டும். ()
 ஆ) குழந்தையின் தேவைகளை கண்டுகொள்ளாமலிருப்பது ()
 இ) குடும்பபொருளாதாரநிலையை முன்னேற்ற ()
 ஈ) மேற்கூரிய அனைத்தும்

- 19 பெற்றோர்களின் கல்வி வகுப்புகள் எந்த வகையான பெற்றோர்களுக்கு கொடுக்கவேண்டும்? ()
- அ)துஷ்பிரயோகபெற்றோர்கள் ()
- ஆ)இளம் தாய்மற்றும் தந்தைமார்கள் ()
- இ)குழந்தைகளை தத்தெடுத்தபெற்றோர்கள் ()
- ஈ)படிப்பறிவில்லாதபெற்றோர்கள்
- 20 துஷ்பிரயோகம் அல்லதுபுறக்கணிக்கப்பட்டகுழந்தையின் மீட்டு எது சிறந்த வாய்ப்பாக இரண்டாம் தடுப்புநிலையில் கூறப்படுகிறது? ()
- அ)ஆரம்பத்திலேயே கண்டறிந்து மற்றும் சிகிச்சை ()
- ஆ)அறிவாற்றல் நடத்தை சிகிச்சை ()
- இ)முக்கிய சிகிச்சை ()
- ஈ) உளநல சிகிச்சை ()
- 21 இரண்டாம் தடுப்புநிலையில்முதல்படியான சிகிச்சை என்ன? ()
- அ)குடும்பஆலோசனை ()
- ஆ)ஒருபாதுகாப்பானகுழலை உருவாக்குதல் ()
- இ)உளநல சிகிச்சை ()
- ஈ)விளையாட்டு சிகிச்சை ()
- 22 ஏன் ஆலோசனை எப்பொழுதும் துஷ்பிரயோகம் அல்லது புறக்கணிக்கப்பட்ட குழந்தைகளுக்கு பரிந்துரைக்கப்படுகிறது? ()
- அ)அவர்களை பற்றி அவர்கள்எப்படிநினைக்கிறார்கள் ()
- ஆ)அவர்களுடைய கடந்தகாலஅனுபவங்கள் ()
- இ)பயம் மற்றும் தற்போதைய மற்றும் எதிர்காலம் பற்றிய கவலைகள் ()
- ஈ)மேற்கூறிய அனைத்தும் ()
- 23 இளம் வாலிபகுழந்தைகளுக்கு கொடுக்கும் சிகிச்சை எவற்றையெல்லாம் உள்ளடக்கியது? ()
- அ)விளையாட்டு சிகிச்சை மற்றும் கலை சிகிச்சை ()
- ஆ)உளநல சிகிச்சை ()
- இ)அறிவாற்றல்நடத்தை சிகிச்சை ()
- ஈ)மேற்கூறியஎதுவும் இல்லை
- 24 குழந்தையின் கலை வேலை எதை பிரதிபலிக்கிறது? ()
- அ)குழந்தையின் மூளை மற்றும் உடல்செயல்பாடு ()
- ஆ)அறிவார்ந்த செயல்பாடுஉணர்வு ()
- இ)நண்பர்கள் அல்லது குடும்பத்துடன் உள்ள உறவு மற்றும் உணர்வுகள் ()
- ஈ)மேற்கூறியஎதுவும் இல்லை ()

- 25 அதிர்ச்சி தொடர்பான பிரச்சினைகள் தொடர்பாக உளவியல் வடிவங்கள் யாவை? ()
- அ)பாதுகாப்புமற்றும் ஆதரவு பற்றிய ஆலோசனை மற்றும் கல்வி ()
- ஆ)விளையாட்டுமற்றும் உடல்செயல்பாடு ()
- இ)விளையாட்டு சிகிச்சை ()
- ஈ)மேற்கூறிய அனைத்தும்
- 26 விளையாட்டுகள்வரைதல்மற்றும் விளையாட்டுஉபகரணங்கள் ஏன் நாடக சிகிச்சையில்பயன்படுத்தப்படுகிறது? ()
- அ)பாதிக்கப்பட்டஇணைப்பு வரும் ()
- ஆ)உணர்வுகளை வெளிப்படுத்துதல், புரிந்துகொள்ளுதல்மற்றும் கட்டுபடுத்தமுடியும் ()
- இ)அறிவாற்றல்திறன்கள்மேம்படுத்தபடும் ()
- ஈ)பசியின்மை உணர்வுகளில்மாற்றம் ஏற்படும் ()
- 27 பாலியல் துஷ்பிரயோகத்தின் அபராதம் என்ன? ()
- அ)மரணதண்டனை ()
- ஆ)5 வருடசிறை வைப்பு ()
- இ)2 முறை எச்சரிக்கை ()
- ஈ)மேற்கூறிய அனைத்தும் ()
- 28 எத்தனை ஆண்டுகள் சிறை வைப்பு தண்டனை கொடுக்கப்படுகிறது ()
- அ) 2 வருடங்கள்சிறைவைப்பு ()
- ஆ) 10 வருடங்கள்சிறைவைப்பு ()
- இ) 3 வருடங்கள்சிறை வைப்பு ()
- ஈ) 6 வருடங்கள்சிறை வைப்பு ()
- 29 குழந்தை உதவிஎண் என்ன? ()
- அ) 1098 ()
- ஆ) 1056 ()
- இ) 1022 ()
- ஈ) 1020 ()
- 30 பாலியல் துஷ்பிரயோகம் மற்றும் வீட்டு வன்முறை இந்தியாவில் என்ன நிறுவனம் உள்ளது? ()
- அ) NAGAO1 ()
- ஆ) NGO ()
- இ) GO ()
- ஈ) மேற்கூறிய அனைத்தும்

விடைகள்:

ஆசிரியர்களின் புலமையை அளக்கும் அளவுகோல்

| வினா.எண் | பதில் | வினா.எண் | பதில் | வினா.எண் | பதில் |
|----------|-------|----------|-------|----------|-------|
| 1 | அ | 11 | அ | 21 | ஆ |
| 2 | ஆ | 12 | இ | 22 | ஈ |
| 3 | இ | 13 | ஈ | 23 | அ |
| 4 | அ | 14 | அ | 24 | இ |
| 5 | ஆ | 15 | ஆ | 25 | ஈ |
| 6 | இ | 16 | அ | 26 | ஆ |
| 7 | அ | 17 | ஈ | 27 | அ |
| 8 | ஆ | 18 | அ | 28 | ஆ |
| 9 | ஈ | 19 | ஆ | 29 | ஆ |
| 10 | ஈ | 20 | அ | 30 | அ |

**VIDEO ASSISTED TEACHING
PROGRAMME ON PREVENTION
OF CHILD ABUSE**

General Objective:

Help the school teachers to acquire knowledge about “child abuse” and develop their attitude towards child abuse and skill to take decision and prevent the child abuse.

Specific Objectives:

At the end of the video teaching programme

The group will be able to

- . explain the introduction of child abuse
- . list down the rights of child
- . define child abuse
- . enlist the causes of child abuse
- . list out types and signs of child abuse
- . explain the treatment and levels of prevention
- . discuss the current legal issues and child helpline of child abuse.

APPENDIX -IX

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|---|--|--|--|--|------------|
| | | <p style="text-align: center;"><u>CHILD ABUSE</u></p> <p><u>INTRODUCTION:</u></p> <p>Child abuse and neglect occur in girls and boys of all ages in all ethnic groups and all socio economic levels. Abuse and neglect occur high rates and are associated with a wide range of emotional problem and psychiatric symptoms.</p> <p>Children who have been physically or sexually abused present with a multitude of psychiatric disturbances including anxiety aggressive behavior, paranoid ideation, post traumatic stress disorder, depressive disorders and an increased risk suicidal behavior.</p> <p>Abused children of parents with psychopathology are more likely to experience a mental disorder than are non abused children of psychiatrically disturbed parents.</p> <p>Children who have been sexually abused reportedly have an increased frequency of poor self esteem, depression, dissociative disorders and</p> | <p style="text-align: center;">L E C T U R E C U M D I S C U S S I O N</p> | <p style="text-align: center;">V I D E O & P H A M P H L E T</p> | <p style="text-align: center;">E X P L A I N I N G</p> | <p style="text-align: center;">L I S T E N I N G</p> | |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|----------------------------------|------|--|--------------------|------------------|-------------------|-------------------|----------------------------------|
| list down the rights of children | 5mts | <p>children.</p> <p>The child abuse prevention and treatment Act, as amended and reauthorized in 2003, identifies a minimum set of acts or behaviors that characterize maltreatment. The child abuse rate in India 50%-60%.The highest rate of child abuse in the state of Uttarpradesh.</p> <p><u>RIGHTS OF CHILDREN:</u></p> <ul style="list-style-type: none"> ✚ Right to develop in an atmosphere of affection and security and protection against all forms of neglect cruelty, exploitation and traffic. ✚ Right to enjoy the benefits of social security, including nutrition, housing and medical care. ✚ Right to a name and nationality. ✚ Right to free education. | LECTURE DISCUSSION | VIDEOTAPHAMPHLET | EXPLANING | LISTING | What are the rights of children? |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|--|---|--|--|---|--|
| define child abuse | 5mts | <ul style="list-style-type: none"> ✚ Right to full opportunity for play and recreation. ✚ Right to special treatment, education, and appropriate care. ✚ Right to be among the first to reserve protection and relief in times of disaster. ✚ Right to learn to be a useful member of society and to develop in a healthy and normal manner and in condition of freedom and dignity. ✚ Right to bring up in a spirit of understanding, tolerance, friendship among people, peace and universal brotherhood. ✚ Right to enjoy their rights regardless of race, colour, sex, religion, national or social origin. <p><u>DEFINITION:</u> Is any physical, sexual, emotional, psychological or other act involving a Child with intent to harm the child is called child abuse.</p> <p><u>EPIDEMIOLOGY:</u> According to the national committee for the prevention of child abuse in 1992 about 3million cases of child abuse and neglect were reported to public social service agencies.</p> | L E C T U R E C U M D I S C U S I O N | V I D E O & P H A M P L E T | E X P L A I N I N G | L I S T E N I N G | What is the definition of child abuse? |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|----------------------------------|------|--|--------------------|---------------|-------------------|-------------------|---|
| enlist the causes of child abuse | 5mts | <p>As estimated one of every three to four girls will be sexually assaulted by the age of 18yrs and an estimated one of every seven to eight boys will be sexually assaulted by the age of 18yrs. The children physically abused 32%are under 5yrs of age, 27%are between 5 and 9yrs 27%are between 15 and 18yrs. More than 50percent of all abused and neglected children were born prematurely or had birth weighs.</p> <p><u>CAUSES:</u></p> <ul style="list-style-type: none"> ✚ Families who are isolated, and have no friends, relatives, church or other support system, their children will be abused. ✚ Families who always increase or have money problem. ✚ Parents who abuse drugs or alcohol. ✚ Parents who show too much love or too little concern for their children. ✚ Parents who feel they have a difficult children. ✚ Parents who are very rigid in disciplining their children. ✚ Parents, who are money minded, give importance to money than child. ✚ Parents who are very busy in their business and they do not have time for their children. | LECTURE DISCUSSION | VIDEO & PHLET | EXPLAINING | LISTENING | What are all the causes of child abuse? |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|-----------------------------------|-------|---|--------------------|-------------------|-------------------|-------------------|--|
| list out the types of child abuse | 10mts | <ul style="list-style-type: none"> ✚ Parents who never go to school for inquiry of their children. ✚ Parents who give more freedom to their children and children go to wrong side. ✚ Parents who do not allow their children to play with their age group. ✚ Unintended pregnancies children will be abused and neglected. ✚ Parents who do not proper socialize to their children. ✚ Parents who have more control on their children. ✚ Sometimes, the members of society also abuse the poor children and some people insist on them for beggary. ✚ Parents who are unable to provide the children education. ✚ Unemployment and financial difficulties. ✚ Parents who have marital strife the children will be abused. <p><u>TYPES OF CHILD ABUSE:</u> Child abuse can take several forms. The four main types are physical, sexual, and Emotional/psychological and neglect.</p> | LECTURE DISCUSSION | VIDEO & PHAMPHLET | EXPLAINING | LISTENING | What are all the types of child abuse? |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|--|--|--|--|--|------------|
| | | <p><u>PHYSICAL ABUSE:</u></p> <p>Physical abuse of a child includes “any physical injury as a result of punching,beating,kicking,biting,burning,shaking,throwing,stabbing, choking, hitting(with a hand stick, strap or other object) burning or otherwise harming a child.”The physical aggression directed by an adult.</p> <p>SIGNS OF PHYSICAL ABUSE:</p> <p>The child:</p> <p>Has unexplained burns, bites, bruises, broken bones, or black eyes.</p> <p>Has fading bruises or other marks noticeable after an absence from school.</p> <p>Seems frightened of the parents and protests or cries when it is time to go home.</p> <p>Shrinks at the approach of adults.(unexplained fear)</p> <p>Reports injury by a parent or another care giver.</p> <p><u>EMOTIONAL ABUSE:</u></p> <p>Involves an abnormal pattern of behavior on the part of the parent or caretaker that results in serious impairment of the child’s social, emotional or intellectual functioning.</p> | <p>L E C T U R E C U M D I S C U S S I O N</p> | <p>V I D E O & P H A M P H L E T</p> | <p>E X P L A I N G</p> | <p>L I S T E N I N G</p> | |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|---|--------------------|-------------------|-------------------|-------------------|------------|
| | | <p>over which he or she has no control, isolating the child from normal social experiences, and using harsh and inconsistent discipline, behavioral indicators of emotional injury may include:</p> <p><u>SIGNS OF EMOTIONAL ABUSE:</u></p> <ul style="list-style-type: none"> *Shows extremes in behavior such as overly complaint or demanding behavior, extreme passivity, or aggression. *Is either in appropriately adult.(e.g. parenting other children)or inappropriately infantile(e.g;frequently rocking or head-banging). * Is delayed in physical or emotional development. *Has attempted suicide. *Reports a lack of attachment to the parent. <p><u>SEXUAL ABUSE:</u></p> <p>Sexual abuse as: Employmentuse,persuasion,inducement,enticement,or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, and in cases of care taker or inter familial relationships, statutory rape, molestation, prostitution or other form of sexual exploitation of children, incest with children.50%-60%of the children in India facing the child sexual abuse.</p> | LECTURE DISCUSSION | VIDEO & PHAMPHLET | EXPLAINING | LISTENING | |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|---|--|--|--|--|------------|
| | | <p><u>SIGNS OF SEXUAL ABUSE:</u></p> <p>Has difficulty walking or sitting.</p> <p>Suddenly refuses to change for gym or to participate in physical activities.</p> <p>Reports nightmares or bedwetting.</p> <p>Experiences a sudden change in appetite.</p> <p>Demonstrates bizarre, sophisticated or unusual sexual knowledge or behavior.</p> <p>Becomes pregnant or contracts a venereal disease particularly if under age 14.</p> <p>Runs away from home.</p> <p>Deregulation of mood.</p> <p>Reports sexual abuse by a parent or another adult care giver.</p> <p><u>PHYSICAL AND EMOTIONAL NEGLECT:</u></p> <p>PHYSICAL NEGLECT: Of a child includes refusal of or delay in seeking health care, abandonment, expulsion from the home or refusal to allow a runaway to return home, and in adequate supervision.</p> <p>EMOTIONAL NEGLECT:</p> <p>If refers to a chronic failure by the parent or care taker to provide the child with the hope, love and support necessary for the development of a sound, health personality.</p> | <p>L E C T U R E C U M D I S C U S S I O N</p> | <p>V I D E O & P H A M P H L E T</p> | <p>E X P L A I N I N G</p> | <p>L I S T E N I N G</p> | |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|--|-------|--|------------------------|-------------------|-------------------|-------------------|---------------------------------|
| explain the treatment & levels of prevention | 10mts | <p><u>SIGNS OF NEGLECT:</u></p> <p>Is frequently absent from school. Begs or steals food or money. Lacks needed medical or dental care, immunization or glasses. Is consistently dirty and has severe body odor. Lacks sufficient clothing for the weather and poor personal hygiene. Abuses alcohol or other drugs. States that there is no one to provide food, shelter and care to the child.</p> <p><u>LEVELS OF PREVENTION:</u></p> <p>There are three distinct types of prevention of child abuse and neglect: primary, secondary and tertiary. The month of April is celebrating as a child prevention month in India.</p> <p>(I)PRIMARY PREVENTION:</p> <p>It seeks to prevent the abuse or neglect of children before it occurs and is usually directed at large.</p> <p><u>PRIMARY PREVENTION STRATEGIES:</u></p> <p>Increase parents' knowledge and understanding of how children develop and what they can expect at each stage of child development.</p> | LECTURES DISCUSSION | VIDEO & PHAMPHLET | EXPLAINING | LISTENING | what is the primary prevention? |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|---|--------------------|-------------------|-------------------|-------------------|------------|
| | | <p>Any physical injuries will be treated, either in a hospital or at a doctor's office, depending on how serious they are.</p> <p>Counseling is always recommended for abused or neglected children. It usually focuses on:</p> <ul style="list-style-type: none"> How they feel about themselves Their past experiences Fears and concerns they may have about the present and future. <p>For very young children, counseling may involve play therapy and art therapy.</p> <p>The design of a child's art work can be symbolic representation of what they are feeling, relationship with friends or family and more.</p> <p>TREATMENT FOR PARENTS OR CAREGIVERS:(Secondary prevention)</p> <p>Parents or caregivers who have abused or neglected a child also need treatment. The type of treatment depends on the specific abuse that occurred.</p> <p>Some people need to learn more about how to raise and care for children. Others may need treatment for other serious problems such as:</p> <ul style="list-style-type: none"> Drug or alcohol abuse | LECTURE DISCUSSION | VIDEO & PHAMPHLET | EXPLAINING | LISTENING | |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|--|-----------------------|-------------------|-------------------|-------------------|------------|
| | | <p>Depression or other mental health problems. Low self esteem Violent behavior</p> <p>Parents who have custody of their children can sometimes regain it. It depends on how bad the abuse or neglect was and how far they have come in realizing what their problems are and how to prevent them.</p> <p>In severe cases, the parent can see the child only when someone else is present. Sometimes a judge permanently ends the parent-child relationship.</p> <p>Increase access to social and health-care services for all community members.</p> <p>TERTIARY PREVENTION:</p> <p>Tertiary prevention strategies to prevent child abuse and neglect from occurring again in families where it has already occurred.</p> <p>TERTIARY PREVENTION STRATEGIES:</p> <p>Decrease the likelihood of a recurrence of child abuse or neglect, perhaps by placing the child with other caretakers or incarceration of the preparators.</p> <p>Decrease the abuse of substance within the family.</p> <p>Increase the connection of families through</p> | LECTURE DISCUSSION | VIDEO & PHAMPHLET | EXPLAINING | LISTENING | |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|---|-----------------------|-------------------|-------------------|-------------------|------------|
| | | <p>support groups and other peer-support systems, such as mentoring or tandem families.</p> <p>Increase the connection between at-risk parents and resources or services in the community.</p> <p><u>PSYCHOLOGICAL SUPPORT FOR POST TRAUMATIC STRESS DISORDER(PTSD):</u></p> <p>Many forms of psychotherapy have been advocated for trauma related problems such as PTSD.</p> <p>Basic counseling practices common to many treatment responses for PTSD include education about the condition and provision of safety and support.</p> <p><u>EXERCISE SPORTS AND PHYSICAL ACTIVITY:</u></p> <p>Physical activity can have an impact on people's psychological wellbeing and physical health.</p> <p><u>PLAYTHERAPY FOR CHILDREN:</u></p> <p>Play is thought to help children link their inner thoughts with their outer world, connecting real experience with abstract thought.</p> <p>Repetitive play can also be one of the ways a child relieves traumatic events, and that can be a symptom of dramatization in a child or young person</p> <p>Play therapy means using games, drawings and play materials to express, understand and control feelings rather than as a means</p> | LECTURE DISCUSSION | VIDEO & PHAMPHLET | EXPLAINING | LISTENING | |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---|------|--|--|---|--|---|--------------------------------|
| discuss the legal issues in child abuse&neglect | 5mts | <p>of communication.</p> <p><u>LEGAL ISSUES IN CHILD ABUSE&NEGLECT CASES:</u></p> <p>National center for the prosecution of child abuse (NCPCA).</p> <p>Training, legal assistance, court reform, and information on criminal child abuse, investigations and prosecutions.</p> <p>A Tool for judicial Decision making: National council of juvenile and family court judges(2010) provides information that creates and disseminates judicial tools, policy and practice guidelines, and associated action plans that court systems can implement to reduce disproportionality and disparities.</p> <p>Mandatory reporting laws: Every state has mandatory reporting laws that require certain people to report apparent or suspected child abuse to a central authority such as via a statewide toll-free hotline. The reports which are anonymous are meant to promote early intervention of child abuse.</p> <p><u>PENALTIES FOR CHILD SEXUAL ABUSE:</u></p> <p>In Colorado, lawmakers proposed a new law allowing the death penalty for repeat offenders.</p> | L E C T U R E C U M D I S C U S S I O N | V I D E O & P H A M P H L E T | E X P L A I N I N G | L I S T E N I N G | what are all the legal issues? |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|--|-----------------------|-------------------|-------------------|-------------------|------------|
| | | <p><u>CHILD ABUSE:LAWS&CRIMINAL PENALITIES:</u></p> <p><u>FINE:</u> A conviction for child abuse can result in substantial fine. State law differs widely on the fines imposed for a child abuse conviction, but fines of several hundred to several thousands of dollars are common.</p> <p><u>INCARCERATION:</u> Jail or prison sentences are very common with child abuse convictions. A misdemeanor conviction may bring a few days, months or up to a year in jail, while felony convictions can easily result in sentences of 10 years more in prison.</p> <p><u>PROBATION:</u> Probation sentences are often included with child abuse sentences. A court, for example, may give a probation sentences to a couple who exposed their child to domestic violence.probation terms typically last at least 6months, but can last a year or more.</p> <p>If a person violates the probation terms in that time, the court may then impose the original jail sentences, fines or additional probation.</p> | LECTURE DISCUSSION | VIDEO & PHAMPHLET | EXPLAINING | LISTENING | |

| Specific objectives | Time | Content | Method of teaching | A.V.AIDS | Teachers activity | Learners activity | Evaluation |
|---------------------|------|---|--|---|--|---|---|
| | 5mts | <p><u>CHILD HELP LINES:</u></p> <p>The child help National child abuse hotline is open 24hrs a day.7days a week to offer information, advice.</p> <p>Support and also crisis counseling, call → 1-800-4.A child (1-800-422-4453).</p> <p>RAHI→Recovering and healing from incest. A support centre for women survivors of child sexual abuse.</p> <p>CHILD LINE SERVICES:</p> <p>Toll-Free no: 1098 this number runs in 74 urban and semi urban centers in the country.</p> <p>Chennai-044-26530504&26530105.Organizations in india(NGAOI)</p> <p>For sexual abuse&Domestic violence-8793088814/15/16 Voice-1-800-394-3366</p> <p>CHILD WELFARE INFORMATION GATEWAY:</p> <p>Provides information on all aspects of child maltreatment.</p> <p>VOICE: 1-800-394-3366.</p> <p>WEBSITE: http://www.childwelfare.gov.</p> | L E C T U R E C U M D I S C U S S I O N | V I D E O & P H A M P H L E T | E X P L A I N I N G | L I S T E N I N G | what is the child help line toll free number? |

தமிழ்மொழி

பெயர்ப்பு

முறைகேடு

APPENDIX- X

CHILD ABUSE (முறைகேடு)

முன்னுரை:-

முறைகேடு மற்றும் புறக்கணிப்பு அனைத்து இன குழக்கள் பெண்கள் மற்றும் அனைத்து வயது ஆண்களுக்கும் ஏற்படலாம். மேலும் அனைத்து சமூக பொருளாதார நிலை, முறைகேடு மற்றும் புறக்கணிப்பு உயர் விகிதங்களில் ஏற்படும். முக்கியமாக இத்தகைய பாதிப்பு உணர்ச்சி துஷ்பிரயோகம் மற்றும் மனநோய் அறிகுறிகளோடு தொடர்பு உண்டு.

குழந்தைகள் உடல் அல்லது பாலியல் முறைகேடுகள் தற்போது தவறாக பட்டம், சித்தபிரமை எண்ணம், பிந்தைய மன உளைச்சல்நோய், மனதளர்ச்சி சீர்குலைவு, மனநோய் மற்றும் தற்கொலை நடத்தை அதிகரித்துள்ளது.

முறைகேடு அல்லாத குழந்தைகள் ஆனால் மனநோய் பெற்றோர்களை உடையவர்கள், முறைகேடு குழந்தைகளுடைய மனநோய் இல்லாத பெற்றோர்கள் மனநோயை அனுபவிக்க அதிகமாக வாய்ப்பு இருக்கிறது. ஏன்று உளவியல் ரீதியாக கண்டுபிடிக்கப்பட்டுள்ளது.

பாலியல் துஷ்பிரயோகத்திற்கு உட்படுத்தப்பட்ட குழந்தைகள், அதிகமாக மிககுறைவான சுயமரியாதை, மனஅழுத்தம், மூளைக்கோளாறுகள், போதைமருந்து துஷ்பிரயோகம், அதிகநாட்களாக கொடுமைபடுத்தப்படுவது, எல்லா காரணங்களும் சேர்ந்து குழந்தைகளை தீவிரமான மற்றும் வன்முறை நடத்தைக்கு ஊக்குவிக்க தோன்றுகிறது.

முறைகேடு மற்றும் தடுப்பு மற்றும் சிகிச்சை செயல் திருத்தப்பட்ட சட்டம் 2003-ல் கண்டிப்பாக மீண்டும் அங்கீகரம் பெற்றது. இது நிலையான செயல்கள் அல்லது நடத்தைகள் அதாவது கொடுமைபடுத்தப்படும் குணாதிசயங்கள் மற்றும் நடத்தைகள் தொகுப்பு விளங்கும்.

முறைகேட்டின் விகிதம் இந்தியாவில் 50 சதவீதம் - 60 சதவீதம் உள்ளது. இந்தியாவிலேயே உத்திரப்பிரதேசத்தில் மிக அதிகமான விகிதத்தில் முறைகேடு நடக்கிறது.

குழந்தைகளின் உரிமைகள்:-

- ❖ பாசம் மற்றும் பாதுகாப்பு உரிமைகளை விரித்தி செய்யும் குழலை உருவாக்கும் பொழுது பறக்கணிப்பு, கொடுமை, சுரண்டல், மற்றும் போக்குவரத்து பிரச்சனைகளுக்கு எதிராக செயல்பட முடியும்,
- ❖ சமூக பாதுகாப்பு மற்றும் ஊட்டச்சத்து, குடியிருப்பு மற்றும் மருத்துவ கவனிப்பு உரிமை.
- ❖ பெயர் மற்றும் நாட்டுடைமை உரிமை
- ❖ முழு இலவச கல்வி உரிமை
- ❖ நாடகம் மற்றும் பொழுதுபோக்கு உரிமைகள்
- ❖ சிறப்பு சிகிச்சை உரிமை கல்வி மற்றும் மருத்துவ கவனிப்பு உரிமை
- ❖ நன்மைகளை அனுபவிக்க பேரழிவு காலங்களில் பாதுகாப்பு மற்றும் நிவாரண ஒதுக்கீடு முதலில் இருக்க கற்றுக்கொள்ளவேண்டும்.
- ❖ சமூகத்தின் உரிமையில் ஒரு பயனுள்ள உறுப்பினர்களாக இருக்க கற்று மற்றும் மக்களின் அமைதி, உலக சகோதரத்துவம் மத்தியில் சகிப்புத்தன்மை மற்றும் நட்பு புரிந்துகொண்டு ஒரு ஆரோக்கியமான மற்றும் சாதாரண முறையில் சுதந்திரம், கன்னியம், உரிமைநிலையில் வளர்ப்பதற்கும் செயல்பட வேண்டும்
- ❖ இனம், நிறம், மதம், தேசிய அல்லது சமூக தோற்றம் தங்கள் உரிமைகளை அனுபவிக்க வேண்டும்.

வரையறை:-

குழந்தையை பாதிக்கும் நோக்கத்துடன் ஒரு குழந்தை சம்மபந்தப்பட்ட எந்த உடல் பாலியியல், உணர்ச்சி, உளவியல் அல்லது மற்ற செயல் முறைகேடு என அழைக்கப்படுகிறது.

வியாதியின் விகிதம்:-

முறைகேடு தடுப்பு மற்றும் புறக்கணிப்பு 1992-ல் 3 மில்லியன் குழந்தைகள் என்று முறைகேடு தடுப்பு தேசிய குழு அறிவித்துள்ளது.

பொது சமூக சேவை குழுவின் அறிக்கைபடி ஒவ்வொரு ஏழு எட்டு சிறுவர்களை ஒரு பாலியியல் கொடுமைக்குள் 18 வயது குழந்தைகள் வரை உட்படுத்துகிறார்கள்.

குழந்தைகள் உடல் துஷ்பிரயோம் 32 சதவீதம் 5-வயதிற்கு கீழ் இருக்கும் என மதிப்பிடப்பட்டுள்ளது. 27 சதவீதம் 5 முதல் 9 வயது 27 சதவீதம். 10 மற்றும் 14 வயது மற்றும் இடையே இருக்கிறது. 14 சதவீதம் 15 சதவீதம் மற்றும் 18 வயதிற்கிடையே உள்ளன. அனைத்து தவறான மற்றும் புறக்கணிக்கப்பட்ட மேற்பட்ட குழந்தைகள் 50 சதவீதம் குறைமாதத்தில் பிறந்த குழந்தைகளாக இருக்கின்றனர்.

காரணங்கள்:-

- ❖ தனிமைப்படுத்தப்பட்ட மற்றும் நண்பர்கள் உறவினர்கள் திருச்சபை அல்லது ஆதரவு அமைப்பு இல்லாத குடும்பங்களின் குழந்தைகள் முறைகேட்டிற்கு ஆளாகிறார்கள்.
- ❖ எப்பொழுதும் அதிகமான பணப்பிரச்சனை உள்ள குடும்பங்களில் குழந்தைகள் முறைகேட்டிற்கு உட்படுத்தப்படுகின்றனர்.
- ❖ பொதுவாக எந்த ஒரு பெற்றோர்கள் மிகவும் மருந்துகள் அல்லது மதுபானம், துஷ்பிரயோகம் செய்பவர்களின் குழந்தைகள்.
- ❖ எந்த ஒரு பெற்றோர்கள் குழந்தைகளை மிகவும் கண்டிப்பான முறையில் வளர்க்கிறார்களோ அவர்களுடைய குழந்தைகள் முறைகேட்டிற்கு உட்படுத்தப்படுகிறார்கள்.
- ❖ குழந்தைகளைவிட பணத்திற்கு முக்கியத்துவம் கொடுக்கும் பெற்றோர்களின் குழந்தைகள்.
- ❖ குழந்தைகளைவிட பணத்திற்கும் மற்றும் தொழிலுக்கும் அதிக முக்கியத்துவம் கொடுக்கும் பெற்றோர்களின் குழந்தைகள் முறைகேட்டிற்கு உட்படுத்தப்படுகிறார்கள்.
- ❖ தங்கள் குழந்தைகளை விசாரிக்க பள்ளிக்குச்செல்லாத பெற்றோர்களின் குழந்தைகள்.
- ❖ தங்கள் குழந்தைகளை அதே வயதில் உள்ள குழந்தைகளுடன் விளையாட அனுமதிக்காத பெற்றோர்களின் குழந்தைகள்.
- ❖ எந்த ஒரு பெற்றோர்கள் தங்கள் குழந்தைகளுக்கு அதிகமான சுதந்திரம் கொடுக்கும் போது முறைகேட்டிற்கு ஆளாகிறார்கள்.
- ❖ எந்த ஒரு பெற்றோர்கள் தங்கள் குழந்தைகளின் மேல் அதிக அன்பும், குறைவான அக்கறையும் கொண்ட குழந்தைகள் முறைகேட்டிற்கு ஆளாகிறார்கள்.

- ❖ எந்த ஒரு பெற்றோர்கள் தங்கள் குழந்தைகளை அதிக கட்டுப்பாடுகள் இல்லாமல் வளர்ப்பது மற்றும் குழந்தைகளிடம் சகஜமாக பழகாமல் இருப்பதாலும் சமூகத்தின் உறுப்பினர்கள் ஏழை குழந்தைகளை தவறாக துஷ்பிரயோகம் அதாவது குழந்தைகளை வற்புறுத்தி பிச்சை எடுக்க வைக்கின்றனர்.
- ❖ நெறி தவறிய முறையில் பிறக்கும் குழந்தைகள் முறைகேட்டிற்கும், புறக்கணிப்பிற்கும் ஆளாகின்றனர்.
- ❖ எந்த ஒரு பெற்றோர்கள் தங்கள் குழந்தைகளுக்கு சரியான கல்வியை கொடுக்க முடியாமல் போவதும், குழந்தைகள் முறைகேட்டிற்கு ஆளாக்கப்படுகின்றனர்.
- ❖ வேலையில்லாமல் இருக்கும் நிலையும் மற்றும் பணநெருக்கடியும் உள்ள பெற்றோர்களின் குழந்தைகள் முறைகேட்டிற்கு ஆளாக்கப்படுகின்றனர்.
- ❖ எந்த ஒரு பெற்றோர்கள் அடிக்கடி சண்டை போடுகிறார்களோ அவர்களின் குழந்தைகள் முறைகேட்டிற்கு ஆளாகிறார்கள்.

முறைகேட்டின் வகைகள்:-

முறைகேட்டில் பல வகைகள் உண்டு. அதில் நான்கு முக்கிய வகைகள் அவை யாவன?

1. பாலியல்
2. உடல்
3. உணர்ச்சி
4. உளவியல் மற்றும் புறக்கணிப்பு.

உடல் துஷ்பிரயோகம்:-

ஒரு குழந்தையின் உடல் முறைகேடு என்பது அடித்து உதைத்து கடித்து தீயால் சுடுதல், எரிதல், குத்துதல் (கைபிரம்பு அல்லது பிறபொருள்கொண்டு) அல்லது ஒரு குழந்தைக்கு தீயின் விளைவாக எந்த ஒரு உடல் காயமும் அடங்கும். உடல் ஆக்கிரமிப்பு முழு மனப்பக்குவம் கொண்ட மனிதனால் செய்யப்படுகிறது.

உடல் துஷ்பிரயோகத்தின் அறிகுறிகள்:-

விவரிக்க முடியாத தீக்காயங்கள், உடைந்த எழும்புகள், கடித்த காயங்கள், கண்கள் கருப்பாக இருத்தல், பள்ளியிலிருந்து வந்த பிறகு குறிப்பிடத்தக்க மறைவான காயங்கள், தழும்பு காயங்கள் இருக்கும் பெற்றோர் மற்றும் மற்றவர்களின்

எதிர்ப்புகளுக்கு பயந்து இருக்கும் அல்லது குழந்தை வீட்டிற்கு போகிற நேரம் நெருங்கும் போது அழுகிறது. பெரியவர்களின் அனுமதையைக்கு விவரிக்கமுடியாத பயம் ஏற்படுகிறது. காயங்கள் பெற்றோர்கள் மூலம் அல்லது குழந்தைகளை கவனித்திக்கொள்பவர்கள் மூலம் தெரிவிக்கப்படுகிறது.

உணர்ச்சி துஷ்பிரயோகம்:-

குழந்தையின் முறன்பாடான நடத்தை பெற்றோர்கள் அல்லது குழந்தையை கவனித்து கொள்பவர்களின் மூலம் குழந்தையின் சமூக உணர்வு அல்லது அறிவார்ந்த செயல்பாட்டை தீவிரம் சேதம் ஏற்படுத்துதல்.

உணர்ச்சிகாயம்:- உதாரணமாக சிறுமைபடுத்துதல் அல்லது குழந்தையை நிராகரித்தல், குழந்தையை புறக்கணித்தல், அவன் அல்லது அவள் எந்த கட்டுப்பாடும் இல்லாமல் சாதாரண சமூக அனுபவங்களின் இருந்து குழந்தையை தனிமைப்படுத்தி கடுமையான மற்றும் சீரற்ற ஒழுக்கம் இதன்மூலம் உணர்ச்சிக்காயம் நடத்தை அறிகுறிகள் காணப்படுகிறது.

உணர்ச்சி துஷ்பிரயோக அறிகுறிகள்:-

- ❖ அதீத புகார் அல்லது அதிகாரப்பூர்வமான கோரிக்கை எப்போதும் தீவிரமாக அல்லது ஆக்கிரமிப்பு போன்ற நடத்தை அதிகமாக இருக்கும்.
- ❖ வயதிற்கு முறைகேடாக பெற்றோர்கள் தலையை அடிக்கடி அசைப்பது அல்லது தலையை முட்ட வைப்பது,
- ❖ உடல் அல்லது உணர்ச்சி வளர்ச்சி தாமதமாக வருகிறது.
- ❖ தற்கொலை முயற்சி இருக்கும்
- ❖ பெற்றோர்கள் அரவணைப்பு அல்லது இணைப்பு இருக்காது.

பாலியல் துஷ்பிரயோகம்:-

பாலியல் துஷ்பிரயோகம் என்பது வேலைவாய்ப்பு, பாலியல் தூண்டுதல், ஊக்குவிப்பு, ஆசைகாட்டுதல் அல்லது கட்டாயப்படுத்துதல்.

எந்த ஒரு குழந்தையை வற்புறுத்தி ஈடுபட வைப்பது அல்லது வேறு நபர் ஈடுபட உதவுதல் மற்றும் எந்த ஒரு வெளிப்படையான பாலியல் நடத்தை அல்லது காட்சி சித்தரிப்பு, உற்பத்தி நோக்கத்திற்காக நடத்தப்படுகிறது. அத்தகைய நடத்தை குழந்தையை கவனிப்பவர்கள் அல்லது தெளிந்த பழக்கமான உறவுகளிலுள்ள நபர்கள் மூலம் ஏற்படுகிறது. மேலும் அத்தகைய நடத்தை வேறு வடிவத்தில் அதாவது கற்பழிப்பு, பாலியல் விபச்சாரம், பாலியல் சுரண்டல் அல்லது

முறைதகாப்புணர்ச்சி மூலம் குழந்தைகள் பாலியல் துஷ்பிரயோகத்தில் ஈடுபடுத்தப்படுகிறார்கள்.

பாலியல் துஷ்பிரயோகத்தின் அறிகுறிகள்:-

- ❖ குழந்தைகள் நடப்பதற்கும், உட்காருவதற்கும் சிரமம் ஏற்படும்.
- ❖ திடீர் என்று உடற்பயிற்சியை மாற்றுவது அல்லது உடல் நடவடிக்கைகள் பங்கேற்க மறுக்கிறது.
- ❖ கணவுகள் அல்லது படுக்கையில் சிறுநீர் கழித்தல் அதிகப்படுகிறது.
- ❖ பசி எடுப்பதில் ஒரு திடீர் மாற்றம் ஏற்படுகிறது.
- ❖ வினோத அதிநவீன அல்லது அசாதாரண பாலியல் அறிவு அல்லது நடத்தை நிரூபிக்கப்படுகிறது.
- ❖ கர்ப்பிணி ஆகிறது அல்லது பாலுறவு நோய் குறிப்பாக 14 வயதிற்கு கீழ் உள்ள குழந்தைகளுக்கு ஏற்படுகிறது.
- ❖ குழந்தைகள் ஒடிவிடுவது.
- ❖ திட்டமில்லாத மனநிலை ஏற்படுகிறது.
- ❖ பெற்றோர் அல்லது மனப்பக்குவம் கொண்ட கவனிப்பாளரின் மூலம் பாலியல் துஷ்பிரயோகம் தெரிவிக்கப்படுகிறது.

உடல் மற்றும் உணர்ச்சிகளின் புறக்கணிப்பு:-

உடல் புறக்கணிப்பு:-

உடல் புறக்கணிப்பு என்பது ஒரு குழந்தையின் உடல்நிலை கவனிப்பதற்கு மறுப்பது அல்லது அலட்சியப்படுத்துதல், வெளியேற்றப்பட முயல்வது, ஒடிப்போன குழந்தையை மறுபடியும் வீட்டிற்குள் ஏற்றுக்கொள்ள மறுப்பது மற்றும் மிகக்குறைவான மேற்பார்வை அடங்கும்.

உணர்ச்சி புறக்கணிப்பு:-

அதிக வருடங்களாக குழந்தைகளின் தேவையை வழங்க முடியாத நிலையில் பெற்றோர்கள் அல்லது கவனிப்பாளர்கள் முக்கியமாக குழந்தைக்கு தேவையான அன்பு, நம்பிக்கை, அரவணைப்பு மூன்றும் குழந்தையின் நல்ல மற்றும் ஆரோக்கியமான உடல் அமைப்பை உருவாக்கும்.

புறக்கணிப்பின் அறிகுறிகள்:-

- ❖ பள்ளிக்கு அடிக்கடி இடம் பெறுவதில்லை.
- ❖ பிச்சை மற்றும் உணவு அல்லது பணத்தை திருடுதல்
- ❖ தேவையான மருத்துவம் அல்லது பல் கவனிப்பு நோய் தடுப்பு முறைகள் கண்கண்ணாடி தேவைகள் சந்திக்கப்படாத ஒருநிலையில் குழந்தைகள் காணப்படுவார்கள்.
- ❖ தொடர்ந்து அசுத்தமாகவும் மற்றும் கடுமையான உடல் நாற்றமும் இருக்கும்.
- ❖ வானிலைக்கு ஏற்றவாறு உடைகள் குழந்தைகள் அணிவதில்லை.
- ❖ மதுபானம் அல்லது மாற்று மருந்துகள் விதிமீறி உபயோகப்படுத்துதல்.
- ❖ பாதுகாப்பு உணவு மற்றும் கவனிக்க யாரும் இல்லாத நிலையில் குழந்தைகள் காணப்படுவார்கள்.

தடுப்பு நிலைகள்:-

மூன்று வகையான முறைகேடு மற்றும் குழந்தை புறக்கணிப்பு தடுப்பு தனித்துவமான வகைகள் உள்ளன. ஆரம்பநிலை, இடைநிலை மற்றும் முன்றாம்நிலை, குழந்தை தடுப்பு மாதமாக ஏப்ரல் மாதம் கருதப்படுகிறது.

முதன்மையான தடுப்பு நிலை:-

முதன்மையான தடுப்பு நிலை என்பது குழந்தை துஷ்பிரயோகம் அல்லது புறக்கணிப்பு ஏற்படும் முன்பாக தடுப்பது.

முதன்மை தடுப்பு உத்திகள்:-

- ❖ குழந்தையின் வளர்ச்சி ஒவ்வொரு கட்டத்திலும் எப்படி எதிர்பார்க்க வேண்டும் என்பதை பெற்றோர்களுக்கு அறிவை மற்றும் புரிந்துகொள்ளும் தன்மையை அதிகப்படுத்த வேண்டும்
- ❖ பெற்றோர்கள் மற்றும் குழந்தைகளுக்கு இடையே பினைப்பு மட்டும் தகவல் தொடர்பை அதிகரிக்க செய்ய வேண்டும்.
- ❖ சிறப்பு தேவைகள் உள்ள குழந்தைகளை கவனிக்கும் போது அழுத்தங்களை எதிர்கொண்டு தேவைகளை நிறைவேற்ற பெற்றோர்களுக்கு திறமைகளை அதிகரிக்க வேண்டும்.

- ❖ பெற்றோர்களின் அறிவை அதாவது வீடுகள் மற்றும் குடும்பங்களை நிர்வாகம் செய்ய அதிகரிக்க வேண்டும்.
- ❖ குழந்தை பராமரிப்பு சமையை குறைக்க செய்தல்
- ❖ அனைத்து சமூகத்தின் உறுப்பினர்கள் சமூக மற்றும் சுகாதார சேவைகளை அனுகுவதை அதிகரிக்கச் செய்தல்.

இரண்டாம் தடுப்பு நிலை:-

இரண்டாம் தடுப்பு நிலை என்பது உத்திகளை குறிப்பிட்ட குழுக்கள் மத்தியில் குறிப்பிட்ட சிக்கல்கள் முறைகேடு மற்றும் அல்லது புறக்கணிப்பை அதிவிரைவாக கண்டறிந்து ஏற்படும் முன்னரே தடுக்க முற்படுவது.

இரண்டாம் தடுப்பு நிலை உத்திகள்:-

ஆரம்ப சிகிச்சை ஒரு தவறாக அல்லது புறக்கணிக்கப்பட்ட குழந்தை மீட்பு சிறந்த வாய்ப்பை கொடுக்கிறது.

குழந்தை சிகிச்சை:-

- ❖ முதல் படி மேலே தீங்கு தடுக்க ஒரு பாதுகாப்பான சூழலை வழங்கும்போது குழந்தையின் உடல் மற்றும் உணர்ச்சிகளின் மீட்டு விரைவில் நடக்கும் வாய்ப்புள்ளது.
- ❖ சந்தேகத்திற்குரிய நபரிடமிருந்து குழந்தையை பிரித்து வைப்பதால் முறைகேடு தவிர்க்கப்படுகிறது.
- ❖ எந்த உடல் காயங்கள் அதன் தீவிரம் பொருத்து ஒரு மருத்துவமனையில் அல்லது ஒரு மருத்துவரின் அலுவலகத்தில் சிகிச்சை அளிக்கப்பட வேண்டும்.
- ❖ ஆலோசனை எப்போதும் தவறான அல்லது புறக்கணிக்கப்பட்ட குழந்தைகளுக்கு பரிந்துரைக்கப்படுகிறது. இது பொதுவாக கீழ்வருபவற்றில் கவனம் செலுத்துகிறது.
 - அவர்கள் தங்களை பற்றி என்ன நினைக்கிறார்கள்.
 - அவர்களுடைய முன் அனுபவங்கள் அச்சங்கள் மற்றும் கவலைகள் அவர்களுக்கு தற்போதையை மற்றும் எதிர்காலம் பற்றியும் இருக்கலாம்.
- ❖ மிகஇளம் குழந்தைகளுக்கு ஆலோசனை, விளையாட்டு மற்றும் கலைசிகிச்சை உள்ளடக்கியது.

பெற்றோர்கள் அல்லது பராமரிப்பாளர்களுக்கு சிகிச்சை:-

- ❖ தவறாக அல்லது ஒரு குழந்தை புறக்கணிக்கப்பட்ட பெற்றோர்கள் அல்லது பராமரிப்பாளர்களுக்கு கூட சிகிச்சை தேவைப்படும். அந்த சிகிச்சைகள் எந்த ஒரு குறிப்பிட்ட முறைகேட்டை பொறுத்து அளிக்கப்படவேண்டும்.
- ❖ பெற்றோர்கள் எப்படி குழந்தையை பராமரிப்பது மற்றும் உயர்த்துவது பற்றி அறிந்து கொள்ள வேண்டும். மற்றும் சிலர் எந்த ஆபத்தான பிரச்சனைகளுக்கு சிகிச்சை தேவைப்படலாம் என்று அறிய வேண்டும்.

அவையாவன:

- மருந்து அல்லது ஆல்கஹால் துஷ்பிரயோகம்.
- மனஅழுத்தம் அல்லது மற்ற மனநலப்பிரச்சனைகள்.
- வன்முறை நடத்தை
- ❖ பெற்றோர்கள் தங்கள் குழந்தைகளை சில நேரங்களில் காவலில் வைத்திருப்பர். அவர்களுடைய பிரச்சனைகள் என்ன என்பதை உணர்ந்து அவற்றை எப்படி தடுப்பது மற்றும் எவ்வளவு மோசமான துஷ்பிரயோகம் அல்லது அலட்சியம் என்பதை பொருத்து மீட்டெடுக்க முடியும்.
- ❖ அனைத்து சமூகத்தின் உறுப்பினர்கள் சமூக மற்றும் சுகாதார பாதுகாப்பு சேவைகள் அனுகுவதை அதிகரிக்க செய்யவேண்டும்

மூன்றாம் தடுப்புநிலை:-

புறக்கணிப்பு மற்றும் முறைகேடு மூன்றாம் நிலை தடுப்பு உத்திகளை ஏற்கனவே ஏற்பட்ட குடும்பங்களில் மீண்டும் ஏற்படுவதை தடுக்க முற்படுகிறது.

மூன்றாம் தடுப்புநிலை உத்திகள்:-

- ❖ ஒரு வேலை மற்ற பாதுகாப்பு தேர்வெழுதி அல்லது குழந்தையை பாதுகாப்பாக வைப்பதன் மூலம் முறைகேடு அல்லது புறக்கணிப்பு மீண்டும் வர வாய்ப்பு குறையும்.
- ❖ ஆதரவு குழுக்கள் மற்றும் வலிகாட்டுதல் அல்லது குடும்பங்கள் இணைந்து மற்ற சமமான ஆதரவு அமைப்புகள் மூலம் குடும்பங்களின் இணைப்பு அதிகரிக்கும்.
- ❖ ஆபத்தான நிலையில் உள்ள பெற்றோர்களுக்கு சமூகத்தின் வளங்கள் அல்லது சேவைகளுக்கிடையே இணைப்பு அதிகரிக்கும்.

❖ குடும்பத்தில் போதை மருந்துகளின் துஷ்பிரயோகம் குறையும்.

பிந்தைய மன உளைச்சல் சீர்கேடு உளவியல் ஆதரவு:-

உளவியல் பல வடிவங்களில் போன்ற பிந்தைய மன உளைச்சல் சீர்கேடு அதிர்ச்சி தொடர்பான பிரச்சனைகளை வாதிட்டார்.

பிந்தைய மன உளைச்சல் சீர்கேடு சிகிச்சையின் பதில்களை பொதுவான அடிப்படை ஆலோசனை நடைமுறைகள்:-

பாதுகாப்பு மற்றும் ஆதரவு நிலை மற்றும் ஏற்பாடு பற்றி கல்வி அடங்கும்.

உடற்பயிற்சி விளையாட்டு மற்றும் உடல்செயல்பாடு:-

உடல்செயல்பாடு மக்கள் உளவியல் நன்மைக்காக மற்றும் உடல்நலத்தை ஒரு தாக்கத்தை ஏற்படுத்தும்.

குழந்தைகளுக்கு விளையாட்டு சிகிச்சை:-

விளையாட்டு குழந்தைகளின் சிந்தனையை சுருக்க முடியும். தங்கள் வெளி உலக மற்றும் அவர்களின் உள் எண்ணங்கள் இணைக்க உதவும் என்று கருதப்படுகிறது.

மீண்டும் மீண்டும் விளையாடச்செய்வது ஒரு குழந்தை அதிர்ச்சிகரமான நிகழ்வுகளிலிருந்து விடுவிக்கப்படுகிறார்கள்.

விளையாட்டு சிகிச்சைக்கு வெளிப்படுத்த புரிந்து மற்றும் உணர்வுகளை காட்டிலும் தொடர்பு ஒரு வழிமுறையாக கட்டுப்படுத்த விளையாட்டுகள், வரைபடங்கள் மற்றும் விளையாட்டு உபகரணங்களாக பயன்படுத்தப்படுகிறது.

முறைகேடு மற்றும் புறக்கணிப்பு சந்தப்பங்களின் சட்ட சிக்கல்கள்:-

முறைகேடு வழக்கு தேசிய மையம்:-

பயிற்சி சட்ட உதவி நீதிமன்ற சீர்திருத்தம் மற்றும் தகவல் அல்லது குற்றவியல் முறைகேடு விசாரணை மற்றும் வழக்குகள் உள்ளது.

நீதித்துறை முடிவெடுக்கும் ஒரு கருவி:-

இளம் மற்றும் குடும்ப நீதிமன்ற நீதிபதிகளை தேசிய கவுன்சில் உருவாக்குகிறது. மற்றும் நீதித்துறை கருவிகள் கொள்கை மற்றும் நடைமுறை வழிகாட்டல்கள் பரப்புகின்றன மற்றும் தொடர்புடைய நடவடிக்கை நீதிமன்ற

அமைப்புகள் ஆனவ விகித சமமற்ற குறைக்க செயல்படுத்த முடியாது என்று திட்டமிட்டுள்ளது. என்று ஒரு முயற்சி பற்றிய தகவல்களை வழங்குகிறது.

கட்டாய அறிக்கை சட்டங்கள்:-

ஒவ்வொரு மாநிலம் முழுவதும் கட்டணமில்லா தொலைபேசி வழியாக மத்திய அதிகாரம் வெளிப்படையாக அல்லது சந்தேககிக்கப்படும் முறைகேடு தெரிவிக்க குறிப்பிட்ட மக்கள் தேவைப்படும் கட்டாய அறிக்கை சட்டங்கள் உள்ளன. அநாமதேய அறிக்கைகளை முறைகேடு ஆரம்ப தலையீடு ஊக்குவிக்கும் பொருளாக உள்ளது.

குழந்தை பாலியல் துஷ்பிரயோக அபராதம்:-

கொலரடோ சட்டம் தயாரிப்பாளர்கள் விதி மீறுபவர்களுக்கு மரண தண்டனையை அனுமதிக்கும் ஒரு புதிய சட்டம் முன்மொழியப்பட்டன.

முறைகேடு:- சட்டங்கள் மற்றும் குற்றவியல் அபராதங்கள்:-

அபராதம்:-

முறைகேடு ஒரு தண்டனை கனிசமான அபராதம் ஏற்படுத்தலாம். மாநில சட்டம் ஒரு முறைகேடு தண்டனை விதித்து அபராதம் மீது பரவலாக வேறுபடுகிறது. ஆனால் பல ஆயிக்கணக்கான பல நூற்றுக்கணக்கான அபராதம் விதிக்கப்படுகிறது.

சிறை வைப்பு:-

சிறையில் தண்டனை முறைகேடு தண்டனை மிகவும் பொதுவான குற்றம் சாட்டப்பட்டவர் தண்டனை ஆரம்பம் மேலும் 10 ஆண்டுகள் வரை சிறை தண்டனை விளைவிக்கலாம்.

தகுதிகாண்:-

தகுதிகாண் தண்டனை பெரும்பாலும் முறைகேடு தண்டனை சேர்க்கப்பட்டுள்ளது.

ஒரு நீதிமன்றம் எடுத்துக்காட்டாக உள்நாட்டு வன்முறை தங்கள் குழந்தையை அம்பலப்படுத்தியது. யரென்று ஒரு ஜோடி ஒரு தகுதிகாண் தண்டனை கொடுக்கக்கூடும்.

தகுதிக்காண் சொற்கள் பொதுவாக குறைந்தது. 6 மாதங்கள் நீடிக்கும். ஆனால் ஒரு ஆண்டு அல்லது அதற்கு மேற்பட்டு தப்பிக்க முடியாது.

ஒரு நபர் அந்த நேரத்தில் நன்னடத்தை விதிமுறைகளை மீறியதாக இருக்கும் என்றால் நீதிமன்றம் பின்னர் அசல் சிறைதண்டனை அபராதம் அல்லது கூடுதல் தகுதிகாண் விதிக்காலம்.

குழந்தை ஹெல்ப்லைன் எண்கள்:-

குழந்தை உதவு தேசிய முறைகேடு 24 மணிநேரம் வசதி உண்டு. ஒரு வாரத்தில் 7 நாட்கள் தகவல் ஆலோசனை ஆதரவு மற்றும் மேலும் நெருக்கடி ஆலோசனை வழங்கும் வசதி உண்டு. குழந்தை பாலியல் துஷ்பிரயோகம், பெண்கள் உயிர் தப்பிய ஒரு ஆதரவு மையம். (RAHI)

குழந்தை நலன்புரி தகவல் நுழைவாயில்:-

குழந்தை கொடுமைப்படுத்தப்படும் அனைத்து அம்சங்களிலும் தகவல்களை வழங்குகிறது.

Toll Free Number For Child Help Line - 1098

Chennai – 044-26530504 & 26530105

பாலியல் துஷ்பிரயோகம் - 8793088814 & 15&16

Voice – 1-800-394-3366.

PHOTOS





